LESSONS LEARNED IN RECOVERY

2013 Blue Mountains Bushfires
Wellbeing Sub-committee

"If I have seen further it is by standing on the shoulders of Giants."
   Isaac Newton

"It is necessary for us to learn from others' mistakes. You will not live long enough to make them all yourself."
   Hyman G. Rickover

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PURPOSE OF THIS REPORT

The Wellbeing Sub-committee[1] of the Bushfire Recovery Committee (now the Wellbeing Working Group of Blue Mountains City Council) has benefited greatly from 'lessons learned' documents produced by other disaster-affected communities, and time has been devoted to documenting our own lessons learned report.

This document covers primarily the period of immediate response and recovery – from October 2013 to the period of transition from State-led to Council-led Recovery (April-May 2014).

The comments and recommendations covered in this report are (primarily) from members of the Wellbeing Sub-Committee. We now know a great deal more than we did at the time about the formal Emergency Response system in NSW, but in October 2013 most had little or no connection with this system. We acknowledge that Emergency Management professionals are experts in their own field; and that their perspective will be different from that of experts from the broader community services sector who, at the time, were essentially ignorant of this system.

The key purposes of this report are to:

1. Capture successes and challenges from this experience, to ensure that the next time the Blue Mountains experiences an emergency event, we are better prepared to support the community through both the response and recovery processes.

2. Ensure that our recommendations are heard clearly, to mitigate risk and exposure in any future emergency events:
    o   reduce risk (of loss of life, loss of property, long-term negative psychosocial and community outcomes); and
    o   reduce exposure - for residents, the community as a whole, Local Council, MPES/emergency services and other government agencies - to undesirable legal or financial consequences.

3. Share our experiences with other communities affected by disaster events; this document will be made available to government agencies, the community service sector and the broader public.

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[1] This document has been collated and compiled by the then Wellbeing Chair (Mountains Community Resource Network) - in collaboration with, and on behalf of, the members of the Wellbeing Sub-committee of the 2013 Blue Mountains Bushfire Disaster Recovery Committee. Quotations primarily come from Wellbeing member agencies involved in the initial relief & response, through to early recovery, efforts (Oct 2013 - May 2014); they were garnered during brain-storming sessions to create the framework for this report, or supplied to MCRN via email (in a few cases, contributors were active on-the-ground undertaking wellbeing activities in relief and recovery, but had not been included in the Wellbeing Sub-Committee structure).   *Cover image courtesy of AAP Reuters & ABC*

THE 2013 BUSHFIRE RECOVERY WELLBEING SUB-COMMITTEE

WELLBEING SUB-COMMITTEE – A NEW, FIRST-TIME CONCEPT FOR BLUE MOUNTAINS

The Wellbeing Sub-Committee reports to the Recovery Committee on issues of community wellbeing to:
- Ensure information sharing between agencies, and coordination of community social recovery services.
- Support community needs assessment processes.
- Identify capacities, capabilities, gaps and resources required.
- Provide advice, support and recommendations to the Recovery Committee.
- Assist in community engagement, and 'community rebuilding' planning and activities.
- Provide input into the Recovery plan and assist implementation and delivery.

THE IMPORTANCE OF PSYCHOSOCIAL RECOVERY FOR THE COMMUNITY - WHY ARE SUPPORT SERVICES NEEDED?
- Building, or re-building, social capital.
- Supporting in instances of - potential or actual - family breakdown, mental health issues, etc.
- Mitigating ongoing social and health costs to governments, emergency-affected residents and the wider community.
- Preparing affected residents to cope and adapt in future events.
- Supporting the workers.

MODEL OF PSYCHOSOCIAL RECOVERY

The Wellbeing Sub-Committee uses the Psychosocial Model[2] as a strategy for addressing the psychological and social needs of affected community. The model is based on the understanding that:
- bushfire affected people and communities are diverse, and their needs continue to change over time;
- effective community recovery processes accommodate both individual and community needs and will work flexibly to meet them; and
- research shows that severe mental disorders do not significantly increase after a disaster; vulnerable members of the community, who have ongoing mental health issues, may be more at risk of their condition being exacerbated.

As a 'snapshot' of the types of initiatives and activities undertaken by Wellbeing at various stages of the Recovery process, see page 6 below for a graphic representation (as at February 2014).

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[2] Wellbeing Sub-committee's *Psychosocial Model of Recovery*

KEY ROLE OF THE COMMUNITY SECTOR

It is impossible to over-emphasise the centrality of local community sector organisations, and community services more broadly, to disaster/emergency recovery. No relief and recovery effort, let alone longer-term individual and community renewal, can be effectively undertaken without the active participation and engagement of these services at the core of response:

- ♦ 'Communities' and 'neighbourhoods' define themselves by criteria they themselves develop, and only locals on-the-ground share this form of public knowledge
  - o this might be a single street in Mount Victoria, a collection of streets around a cul-de-sac in Winmalee, or the whole of Yellow Rock
- ♦ 'Place-based' community services:
  - o know their local community intimately, are embedded in their community;
  - o are generally perceived as 'trusted sources' by their community;
  - o they thus have unique 'penetration' into, and engagement with, their communities;
  - o serve and know the most vulnerable and at-risk residents on their 'patch';
  - o have the connections and trust within their community to undertake formal and informal needs analyses, monitor trends, and 'take the temperature' of their community
    - • they are thus a critical conduit between various levels of government and government-established entities such as the Recovery Committee and it's Sub-committees, and the affected community;
  - o are well-placed to utilise community strengths/capacity and local knowledge to best advantage.

COMMUNITY DEVELOPMENT IN RECOVERY

The Wellbeing Sub-Committee has operated from a community development perspective in recovery and renewal. The central tenets are: a strengths-based approach to recovery; and, in the process, utilising strengths within our own community.

The theory of change being utilised is that a community development approach to psychosocial recovery supports stakeholders to determine their own recovery needs, and supports them to become empowered to manage their own recovery.

A community development approach to psychosocial recovery emphasises the utilisation, re-building and enhancement of social capital. Several of the key international 'measures' of wellbeing relate to social capital. Societies with a high level of social capital – meaning generalized trust, good governance, and mutual support by individuals within the society – are conducive to pro-social behaviour[3] (such as altruistic behaviour; social support, having someone to count on in times of trouble; trust; or generosity/volunteering). Others relate to the individual (freedom to make life choices; or positive affect - that is, happiness/laughter/enjoyment). All have a strong correlation with the capacity of an individual, family or community to be resilient – to 'bounce back' following adversity.

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[3] *World Happiness Report 2015* Edited by John F. Helliwell, Richard Layard, and Jeffrey Sachs

The process of change is one of providing information and knowledge (increasing awareness), developing skills and ownership (increased skills and ability) and enabling connectedness and capacity (increased capacity and empowerment) to ensure that the community is resilient – has the capacity to bounce back after negative experiences and to cope with unknown situations. Resilience is supported by increased preparedness, increased connectedness, increased agency (ability to act to get needs met), and increased hope for the future.[4]

Community development initiatives can include, but are certainly not limited to:
- keeping the community informed with timely and accurate information;
- encouraging community participation, self-determination and healing;
- supporting engagement and consultation with community members via 'trusted sources' (eg now-established links between the community sector such as Neighbourhood Centres, Stronger Families Alliance neighbourhood service network 'hubs', and Red Cross Outreach).

There is also a focus on helping people feel safe and supported. It promotes healthy lifestyles and community connections by implementing programs to empower individuals and the community as a whole.[5]

THE IMPORTANCE OF PSYCHOSOCIAL RECOVERY TO COMMUNITY

1. **It is critical in recovery to ensure that people are kept at the centre of all recovery operations. While the built and natural environments tend to be at the centre of the first response, they can be perceived as the 'low-hanging fruit' in recovery. Unless social, economic, community and cultural recovery are given the same priority, the road to recovery for individuals, households and communities will be much more challenging[6]:**

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[4] *Evaluation Plan - Red Cross Blue Mountains Recovery Program*, The Miller Group, Sydney, July 2014

[6] Our thanks to NZ Red Cross for this image.

2. **As other disaster-affected communities have noted before us, there is a natural tendency, in the first stages of response, clean-up, and recovery to focus on the 'nuts and bolts' operations of the Command and Control agencies.**

Psychosocial recovery is not the core business of these agencies, and at times there can be an implied assumption that the so-called "soft skills" are of lesser priority, or even of lesser importance, than the work of what one participant termed the 'Hard Hat brigade'.
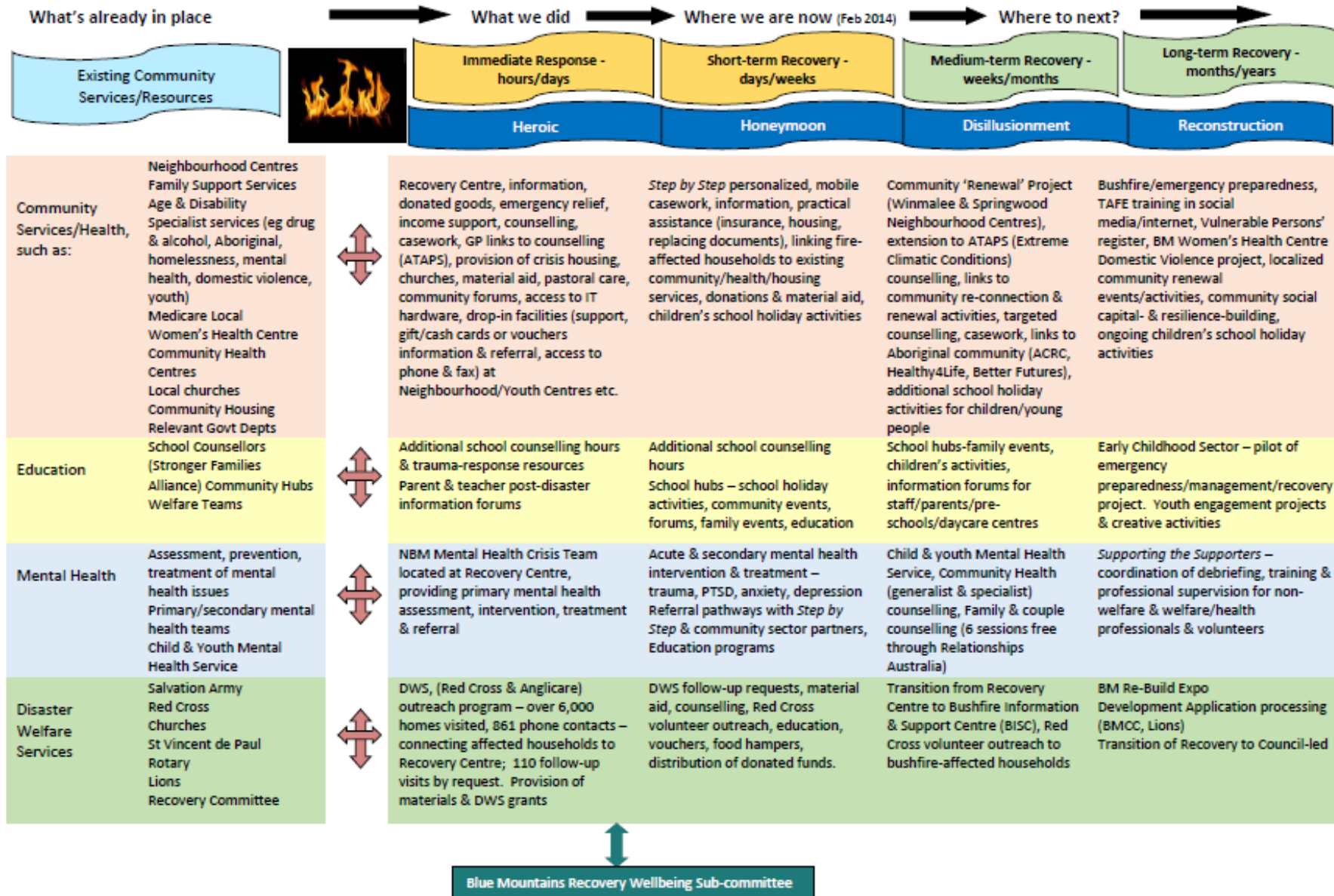
In the immediate response effort it is appropriate that the Recovery Coordinator is someone who is familiar with, and respected by, the 'Command & Control' agencies – that is, they can exercise authority, and are capable of effectively managing command and control operations.

However, in the swift transition into medium- and longer-term, the Recovery Manager must have experience with (or, at a minimum, a good understanding of) the psychosocial aspects of Recovery. In our experience, recovery and Disaster Welfare officers from the then Ministry of Police & Emergency Services (MPES) provided enormous expertise and support for our psychosocial recovery effort, and proved to be an invaluable resource to support both the Recovery Committee and local community services organisations.

It is critical that each sphere of expertise recognise, appreciate, and respect, the skills and experience of the other, and that the Command and Control modality is not allowed to impede or override the psychosocial recovery of the affected community.

Greater communication and coordination between Wellbeing and the emergency services – via the LEOCON – will assist in ensuring that each area of expertise communicates the same key messages, and can assist in coordination of the prompt delivery of wellbeing services to where they are needed most. Protocols, templates and processes can be developed, relationships built, expert knowledge exchanged and valued, and partnerships built in advance of the next Big One. We are in the process of undertaking this now across the emergency response and recovery space in the Blue Mountains. We hope this will improve the outcomes for our community in our next emergency; and strongly encourage other LGAs to engage in a similar process – ideally, **before** an event.

Blue Mountains October 2013 Bushfires – Stages of Psychosocial Recovery (Wellbeing Sub-Committee)

What's already in place → What we did → Where we are now (Feb 2014) → Where to next? →

	Existing Community Services/Resources		Immediate Response - hours/days	Short-term Recovery - days/weeks	Medium-term Recovery - weeks/months	Long-term Recovery - months/years
			Heroic	**Honeymoon**	**Disillusionment**	**Reconstruction**
Community Services/Health, such as:	Neighbourhood Centres, Family Support Services, Age & Disability, Specialist services (eg drug & alcohol, Aboriginal, homelessness, mental health, domestic violence, youth), Medicare Local, Women's Health Centre, Community Health Centres, Local churches, Community Housing, Relevant Govt Depts		Recovery Centre, information, donated goods, emergency relief, income support, counselling, casework, GP links to counselling (ATAPS), provision of crisis housing, churches, material aid, pastoral care, community forums, access to IT hardware, drop-in facilities (support, gift/cash cards or vouchers information & referral, access to phone & fax) at Neighbourhood/Youth Centres etc.	*Step by Step* personalized, mobile casework, information, practical assistance (insurance, housing, replacing documents), linking fire-affected households to existing community/health/housing services, donations & material aid, children's school holiday activities	Community 'Renewal' Project (Winmalee & Springwood Neighbourhood Centres), extension to ATAPS (Extreme Climatic Conditions) counselling, links to community re-connection & renewal activities, targeted counselling, casework, links to Aboriginal community (ACRC, Healthy4Life, Better Futures), additional school holiday activities for children/young people	Bushfire/emergency preparedness, TAFE training in social media/internet, Vulnerable Persons' register, BM Women's Health Centre Domestic Violence project, localized community renewal events/activities, community social capital- & resilience-building, ongoing children's school holiday activities
Education	School Counsellors (Stronger Families Alliance) Community Hubs, Welfare Teams		Additional school counselling hours & trauma-response resources. Parent & teacher post-disaster information forums	Additional school counselling hours. School hubs – school holiday activities, community events, forums, family events, education	School hubs-family events, children's activities, information forums for staff/parents/pre-schools/daycare centres	Early Childhood Sector – pilot of emergency preparedness/management/recovery project. Youth engagement projects & creative activities
Mental Health	Assessment, prevention, treatment of mental health issues, Primary/secondary mental health teams, Child & Youth Mental Health Service		NBM Mental Health Crisis Team located at Recovery Centre, providing primary mental health assessment, intervention, treatment & referral	Acute & secondary mental health intervention & treatment – trauma, PTSD, anxiety, depression. Referral pathways with *Step by Step* & community sector partners, Education programs	Child & youth Mental Health Service, Community Health (generalist & specialist) counselling, Family & couple counselling (6 sessions free through Relationships Australia)	*Supporting the Supporters* – coordination of debriefing, training & professional supervision for non-welfare & welfare/health professionals & volunteers
Disaster Welfare Services	Salvation Army, Red Cross, Churches, St Vincent de Paul, Rotary, Lions, Recovery Committee		DWS, (Red Cross & Anglicare) outreach program – over 6,000 homes visited, 861 phone contacts – connecting affected households to Recovery Centre; 110 follow-up visits by request. Provision of materials & DWS grants	DWS follow-up requests, material aid, counselling, Red Cross volunteer outreach, education, vouchers, food hampers, distribution of donated funds.	Transition from Recovery Centre to Bushfire Information & Support Centre (BISC), Red Cross volunteer outreach to bushfire-affected households	BM Re-Build Expo. Development Application processing (BMCC, Lions). Transition of Recovery to Council-led

Blue Mountains Recovery Wellbeing Sub-committee

Wellbeing Sub-committee Structure

WELLBEING SUB-COMMITTEE MEMBERSHIP & ROLE; AND THE CENTRALITY OF LOCAL COMMUNITY SERVICES

Recognised Disaster Welfare agencies are critical in the immediate aftermath of an emergency. They have clearly-defined roles in relief efforts, are often state- or nationally-based, and are thus able to draw on significant resources (hundreds, even thousands of volunteers; food, water, clothing, blankets, medical supplies and other essential items for Evacuation Centres and emergency services volunteers; appeal funds).

Wellbeing Sub-committee recognised immediately post-fires that longer-term recovery and community resilience-building would be a matter of years, not weeks. Once the immediate relief effort was underway, the membership of the Wellbeing Sub-committee was expanded to include representatives of local community sector organisations – such as the Neighbourhood Centres and Family Support Services in the affected areas, and the 'Renewal Project' worker (a partnership between Winmalee and Springwood Neighbourhood Centres); and membership of Disaster Welfare Services (DWS) devolved to the local representative level (generally from state/regional manager level).

MEMBERSHIP OF WELLBEING:

In future such large-scale events, we would **recommend that the membership of a Wellbeing Sub-committee should, at a minimum, include representatives (including local representatives as soon as possible - early "localisation" is critical to effective response) from:**

- **Red Cross**
- **Community Engagement officers from RFS**
- **District Guidance Officer (Senior Psychologist) from Department of Education counselling team**
- **Neighbourhood Centre(s) and Family Support Service(s) servicing the affected area**
- **Mental Health/ATAPS coordinator from NBMML/PHN**
- **Director, Mental Health, NBM**
- **Local Community Health Centre** (both general health focus and Mental Health Team)
- **Salvation Army**
- **Representatives(s) of Minister's Association/Jericho Road/other local faiths**
- **Centrelink social worker(s)**
- **CatholicCare Social Services Outreach Worker**
- ***Step by Step* Manager**
- **'Renewal' Project**
- **Child & Youth Mental Health Service (CYMS)**
- **Local Lions & Rotary chapters**
- **Mountains Community Resource Network** (as a representative of community sector)
- **BM Women's Health Centre**
- **NSW Health**
- **Relationships Australia**
- **Habitat for Humanity**
- **ADRA**
- **local FACS officers**
- **LEMO**
- **MPES officers**
- **BM National Parks & Wildlife**

Membership should also include, from the first meeting, representatives from relevant local community sector organisations (eg Youth sector; Specialist Housing Services; Stronger Families Alliance; Aboriginal Healthy4Life; representatives from relevant interagencies – including Community Care Forum, Mental Health & Wellbeing Interagency; NBM ML/PHN Healthcare Consumer Forum representatives)

- o **local government/LEMC should retain up-to-date contact details of local community services in their area, able to be triggered immediately in the event of an emergency**).

"There should have been better representation from the Upper Mountains on the Recovery Committee, and certainly the Wellbeing Sub-Committee should not have been a "closed shop" [early on]. I think that we would have been much better use to our local community if we were more 'in the loop' earlier on. There ended up being 'insiders' who knew a lot [but weren't able to give us summary documents of what was going on]; and then others - who could have been great resources - trying hard to gather information."

Once this transition to broader local community services representation had taken place, Wellbeing as a structure offered both Disaster Welfare Services and broader community services the opportunity to develop strong, resilient and effective partnerships and bonds, which continue as a cohesive base for our efforts around the longer-term recovery.

It is impossible to over-emphasise the centrality of local community sector organisations, and community services more broadly, to disaster/emergency recovery. No relief and recovery effort, let alone longer-term individual and community renewal, can be effectively undertaken without the active participation and engagement of these services at the core of response:

- ♦ 'Communities' and 'neighbourhoods' define themselves by criteria they themselves develop, and only locals on-the-ground share this form of public knowledge
  - o this might be a single street in Mount Victoria, a collection of streets around a cul-de-sac in Winmalee, or the whole of Yellow Rock
- ♦ 'Place-based' community services:
  - o know their local community intimately, are embedded in their community;
  - o are generally perceived as 'trusted sources' by their community;
  - o they thus have unique penetration into, and engagement with, their communities;
  - o serve and know the most vulnerable and at-risk residents on their 'patch';
  - o have the connections and trust within their community to undertake formal and informal needs analyses, monitor trends, and 'take the temperature' of their community
    - • they are thus a critical conduit, between various levels of government and government-established entities such as the Recovery Committee and it's Sub-committees, and the affected community;
  - o are well-placed to utilise community strengths/capacity and local knowledge to best advantage.

The Blue Mountains has a strong and established community sector, and is well-serviced by many government agencies/NGOs/entities at all levels – for example:

- ♦ the team of Department of Education School Counsellors - led by the District Guidance Officer/Senior Psychologist (Education)
- ♦ the Nepean Blue Mountains LHD Mental Health team
- ♦ local Community Health Centres
- ♦ Centrelink social workers and Managers
- ♦ Nepean Blue Mountains Medicare Local/PHN
- ♦ the Community Outcomes Team from Blue Mountains City Council (BMCC).

Wellbeing was greatly assisted in its work by the strong connections, networks and collaborations already established between these various sectors and agencies. It was also a great benefit that workers and volunteers from the various Disaster Welfare Services were generally 'locals' (i.e. live in the Blue Mountains, with their children attending local schools, and understanding their local communities). Wellbeing was thus able to tap into many existing networks and collaborations:

"The School Hub at Winmalee [one of the on-the-ground initiatives of the Stronger Families Alliance] *already had in place all the connections and collaborative way of working we needed; so these critical 'joined-up services' and networks were able to be put in place immediately. This helped us so much with the critical roles of connecting with and engaging our local community; getting the word out through the local neighbourhood 'grapevines' about initiatives and events, or goods and services available; consulting with them about the needs of their local neighbourhood/community; and putting them in touch with services such as Step by Step, the Salvos, or whoever."*
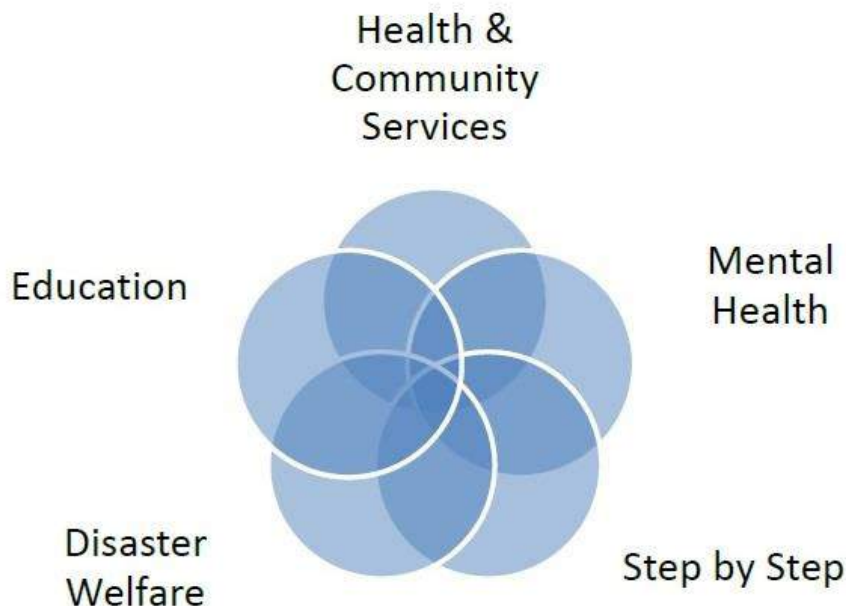
Figure 1: Supporting wellbeing in the Blue Mountains community through collaborative partnerships

It is also important to recognise that all members of Wellbeing, and all the community service system workers involved contributed, and continue to contribute, to the Recovery process in addition to their "day jobs" – likely for some years into the future

o **there was generally no capacity to 'back-fill' positions, to free workers or volunteers to undertake Recovery work;**

o **many organisations** (including Neighbourhood Centres and some Government departments) **have no arrangements for professional debrief and supervision for staff and volunteers caught up in long-term vicarious trauma;**

o **this work is a true 'labour of love', and we pay tribute to all those workers and volunteers involved who have given of themselves to help their neighbours and community**

  ▪ **the work of emergency services is visible, time-limited, and rightly lauded;**

  ▪ **contributions towards psychosocial recovery are often understated and long-term; and frequently overlooked.**

So we say, on behalf of the BM community – THANK YOU!

KEY RECOMMENDATIONS – EXECUTIVE SUMMARY

CENTRALITY OF COMMUNITY SECTOR ORGANISATIONS TO RECOVERY:

It is impossible to over-emphasise the centrality of local ('place-based') community sector organisations, and community services more broadly, to disaster/emergency recovery. No relief and recovery effort, let alone longer-term individual and community renewal, can be effectively undertaken without the active participation and engagement of these services at the core of response.

♦ **In any significant emergency event, implement the agreed Wellbeing structure (see below, including local stakeholders/representatives as soon as possible - early "localisation" is critical to effective response).**

♦ **Membership of Wellbeing** - in future such events, we would **recommend that the membership of a Wellbeing Sub-committee should, at a minimum, include representatives from:**

Agency appointments by MPES
- **Red Cross**
- **Salvation Army**
- **Director, Mental Health, NBM**
- **Centrelink Social Workers**
- **ADRA**
- **MPES officers**
- **local FACS officers**
- **NSW Health**

Local Community Service organisations
- **Neighbourhood Centre(s) and Family Support Service(s) servicing the affected area**
- **Representative(s) from Minister's Association/Jericho Road/representatives of other local faiths**
- ***Step by Step* Manager**
- **'Renewal' Project worker**
- **Child & Youth Mental Health Service (CYMS)**
- **Local Lions & Rotary chapters**
- **Mountains Community Resource Network** (as a representative of the community sector as a whole)
- **BM Women's Health Centre**
- **Mental Health/ATAPS coordinator from NBMML/PHN**
- **Plus representatives from: CatholicCare Social Services Outreach Worker; Youth sector; Specialist Housing Services; Stronger Families Alliance; Aboriginal Healthy for Life/ACRC; relevant interagencies – including Community Care Forum, Mental Health & Wellbeing Interagency; NBMML/PHN Healthcare Consumer Forum.**

Other support organisations
- **Mental Health/ATAPS coordinator from NBMML/PHN**
- **District Guidance Officer**
- **Community Engagement officers from RFS**
- **Local Community Health Centre (both general health focus and Mental Health Team)**
- **Relationships Australia**
- **Habitat for Humanity**
- **LEMO**
- **BM National Parks & Wildlife**

♦ **Blue Mountains City Council/LEMC should retain up-to-date contact details of local community services in their area, able to be triggered immediately in the event of an emergency**).

COMMUNICATIONS:

♦ **Blue Mountains City Council (in consultation with the community sector and emergency services) to identify other (complementary) means of communication delivery - which may require local knowledge as the link between the community and (often 'out-of-area') agencies.**

♦ **Blue Mountains City Council (though the LEMO and with advice from LEMC) to implement an ongoing program of developing and updating protocols and templates on communication that can be implemented immediately eg when triggered by an emergency or declaration of a disaster:**
   o **BMCC Recovery website**
   o **Recovery Newsletter**
   o **designated Evacuation or Recovery Centres**
   o **with key messaging prepared and ready to go.**

♦ **To ensure continuity and retention of 'corporate knowledge' gained through the 2013 emergency, key players in emergency management, relief and recovery should meet at regular intervals.**

♦ **Utilise the Wellbeing Action Plan (with only aggregated Recovery Centre data) as a template for reports which can be made available (including to community sector, Disaster Welfare, government agencies, etc) so all involved in Recovery can see what is happening, and where their activities fit, and to allow better coordination/avoid duplication of services.**
   o **a summary Wellbeing report should also be made available to the general public/emergency-affected, via the Recovery Newsletter/Website.**

INFORMATION/DATABASE:

♦ **Blue Mountains City Council (along with managers of relevant welfare and community organisations) to discuss with MPES the development of a protocol which would allow the sharing of relevant information to authorised personnel from authorised agencies. Specifically:**
   o **when first seen at an Evacuation Centre/Recovery Centre, members/authorised representatives of each household are asked to indicate whether they agree to their information being shared with other authorised recovery agencies (such as Blue Mountains City Council, state and federal agencies such as Health and Education, DWS, other welfare and community organisations); and**
   o **each adult member of each household is issued with a Recovery ID card - ideally an electronic chip card, so it can be simply scanned; but at a <u>minimum</u> with an identity card which includes a unique ID number (which can be entered into the shared database to verify that they are *bona fide* emergency-affected residents, and allowing access for authorised personnel to their data).**

- ♦ **Blue Mountains City Council and MPES commence immediate discussions/negotiations with a view to establishing a reliable, user-friendly database (based on Gateway Family Services database, and managed by MPES and/or BMCC) where client information is centralised and able to be entered - and added to - from first to final contact. The database will also act as a centrally organised and managed client registration system. Each impacted household/individual should be:**
  - o **asked to indicate whether they agree to their information being shared with other authorised recovery agencies (such as Blue Mountains City Council; state and federal agencies such as Health and Education; DWS, other welfare and community organisations); and**
  - o **issued with an ID card (ideally a chip-based card, or possibly including a QR code; but containing at a minimum their unique ID code/number), to allow <u>authorised</u> organisations to access sufficient information to ensure that they are *bona fide* residents of an impacted property, and avoid the necessity of having to repeatedly tell their stories. This database template to be held by BMCC, ready to be 'triggered' in the event of a future emergency.**

RECOVERY/RENEWAL:

- ♦ **Where more than one area is affected by an emergency, a mobile recovery centre be established in each of the smaller local areas immediately.**

- ♦ **The concept of Flexible Community Grants be rolled-out to other emergency-affected communities, where Category C funding is made available.**

- ♦ **Blue Mountains City Council and MPES institute discussions/negotiations with a view to establishing protocols and processes for immediate triggering of a *Step by Step* service and a 'Renewal' Project in the next significant emergency event; with**
  - o **SBS as the primary intake/'triage' point in the Evacuation/Recovery Centre;**
  - o **SBS actively promoted as a key element of Wellbeing in the Recovery; and**
  - o **both programs adequately resourced to fulfil their role for a minimum of 18 months;**
  - o **in addition, Category C to include capacity to fund recovery workers/resources directly into the community sector, such as Neighbourhood or Community Centres, and not simply via grants for projects – Recovery work is additional to their normal funded role.**

CONDUCT OF PUBLIC MEETINGS:

- ♦ **High standards of public meeting protocols, and codes of ethics, are essential:**
  - o **MPES Guidelines and protocols should form the basis of any proposed public meetings;**
  - o **a neutral third party who is trained in the area of facilitating meetings/forums (in highly-charged emotional environments) should be tasked with the role of MC/facilitator;**
  - o **any public meetings need a clear Agenda and purpose articulated beforehand;**
  - o **any public meetings need to ensure that the meeting program, the proposed attendees (target audience), and the services present, are developed in close consultation with Wellbeing to ensure the psychosocial needs of the community are met; and that the messages are appropriate to their stage of recovery, and are 'pitched' so that the community can hear them clearly and avoid confusion.**

DONATED GOODS & SERVICES:

♦ **In the next emergency, Donated Goods & Services be re-configured as one of the working groups of Wellbeing in any future emergency, rather than established as a separate Sub-committee.**

♦ **Blue Mountains City Council communications team to develop a series of key messages around donations of goods and services in the event of an emergency along the lines of: "Send no goods, send money", accompanied by details of the Mayoral Appeal (Blue Mountains City Council to establish a 'shelf' Mayoral Appeal which can be activated immediately following an emergency). This message to be spread as widely as possible as instantly as possible; via all possible media, including :**
  o **BMCC website/Facebook**
  o **BM *Gazette***
  o **ABC 702**
  o **other media outlets**
  o **RFS websites/Facebook pages**

♦ **Consideration be given by Blue Mountains City Council to the possibility of a centralised sorting and donation point for goods.**

♦ **The FAQs document format (developed by Donated Goods & Services Sub-committee, outlining what was available from which agency and how to access this) be retained as a template for future emergencies, to avoid the several week delay in advising households and local services.**

SUPPORTING THE SUPPORTERS:

♦ **Formalise strategies and funding arrangements to support the Supporters in long-term recovery:**
  o **MCRN makes available the *Supporting the Supporters* and *Leading in Recovery* materials to all BM community sector Boards and Management Committees, and encourages the inclusion of these materials in organisational emergency planning - including specific triggers and strategies to support workers/volunteers involved in recovery.**
  o **MPES advocates with relevant State/Federal funding agencies, and through NDRRA arrangements for inclusion of funding, to be triggered in the event of a significant emergency, to support community services to support their workers and volunteers during recovery.**
  o **Wellbeing develop a set of suggested strategies and practical support, based on feedback from workers currently involved in recovery. Acknowledgements as simple as a bunch of flowers, a free massage, or a 'Thank You' box of chocolates, can make a world of difference to those immersed in the difficult day-to-day.**
  o **MPES advocates with relevant State Government agencies – such as Department of Education, on behalf of School Counsellors - which do not currently have arrangements for additional support (eg back-fill, professional supervision/debrief) to be included in their emergency plans – using NSW Department of Health as a model.**

DISCUSSION

The report discussion is organised in six parts as follows:

Part A Evacuation Centres

- Communicating with Emergency responders
- Evacuation Centres - successes and issues
- Need for centralised registration & database

Part B Recovery Centre

- Telling the difference - Evacuation vs Recovery Centre
- 'On the road' - mobile Recovery

Part C Recovery & Resilience - Wellbeing in Action

- 'Rapid response' - mobilising coordinated support
- 'Against the odds' - local, place-based recovery responses
- Centralised intake & database - avoiding the heartbreak of repeating the story

Part D Communications

- Communication blockages vs multiple pathways
- Celebrating the informal
- Accessibility of up-to-date information
- Consistency of key messaging

Part E Donated Goods & Services

- Triggering the Mayoral Appeal
- "Send no goods, send money"
- Centralised collection point?

Part F Supporting the Supporters

- 'Unsung Heroes' - shouldering the load
- Burn-out vs "a Thank You bunch of flowers or a box of chocolates"

PART A   WELLBEING IN THE FIRST RESPONSE - EVACUATION CENTRES

Overall, the First Response agencies and organisations operated well in their own designated sphere. Each of the emergency services (Command & Control) agencies, and the identified Disaster Welfare Services with MoUs with the NSW Ministry of Police and Emergency Services (MPES), have well-oiled operational protocols with clearly defined roles. There was perhaps some overlap with other welfare and community services (which do not have an MoU with MPES) which might be better managed if agreement is reached in advance about respective skills and roles. Issues with non-authorised agencies/volunteers on-the-ground following an emergency include privacy, volunteers without Police or Working With Children Checks, child protection concerns, potentially lack of training in best practice in dealing with emergency-affected residents (ie. PFA), and so on. This could be the basis of a discussion about developing response protocols for future emergencies as part of the refinement of the Local Emergency Management Plan (i.e. with the Blue Mountains City Council Recovery Team, the LEMC/LEMO, MPES, the WELFAC, and Wellbeing and other Recovery Sub-committee members).

Evacuation Centres provide people affected by emergency/disaster with immediate basic needs such as food, clothing, blankets, accommodation and personal support, as well as financial and other immediate assistance. Evacuation Centres not only provide a place of temporary refuge for people evacuated from homes in the vicinity of the disaster, but they are also a refuge for people who may be travelling through the affected area and are unable to progress due to local road closures. Evacuation Centres offer short-term accommodation while longer-term alternatives are determined. People affected by disaster can also formally register for assistance from Disaster Welfare Services and community services at these Centres.

WHAT DO WE BELIEVE WAS EFFECTIVE?

1. Overall, the Springwood Sports Club was found to be a suitable venue for an Evacuation Centre; Wellbeing members commented that there was:
    * *"sufficient space for bedding*
    * *separate areas available as needed*
    * *good bathroom facilities*
    * *easy accessibility for those with mobility issues*
    * *off-road parking*
    * *level ground outside for people standing and waiting*
    * *well-lit outdoor area/car park*
    * *office facilities for Emergency Services*
    * *on-site catering*
    * *well-known location in local community*
    * *close to town centre*
    * *easy access to Great Western Highway/trainline*
    * *children felt safe and enjoyed the ice blocks and movies*."

Blackheath Neighbourhood Centre, as the designated Evacuation Centre for the Upper Mountains, found:

> "*the Centre was opened on two occasions, and the approach taken by the volunteers from Red Cross and the Salvation Army and other agencies was excellent. I found them to be well organised and clear about their relative roles, friendly and communicative.*"

2. The prompt declaration of a disaster meant that not only emergency services and Disaster Welfare Services personnel were able to be deployed quickly, but also a wide variety of other local community and welfare sector personnel; and were also able to rapidly mobilise community good-will (local and national). Wellbeing members commented on the effectiveness of the initial relief response:

> "*The Ambulance Chaplain services were activated that afternoon… The initial concern for the Ambulance Chaplains was the wellbeing of the Emergency Services personnel and their families…. care was provided to anxious residents, as well as assisting with basic needs such as asking for blankets from nearby residents ... The local Chaplain had links with the Schools [and] therefore was able to provide information to concerned parents…. The day after the fires the Emergency Chaplains arranged for the Salvation Army to take their road trailer into the fire affected streets to give coffee/tea and food to people who stayed in their homes (though they had lost power). Utilising the Local Chaplin would be recommended in the future to provide local knowledge.*"

> "*Salvation Army members were present at the Evacuation Centre from Thursday afternoon. These were local Corps members who were there as support for our community. Our SAES (Salvation Army Emergency Services) crew was not required at the time.*

> *On Friday morning three Salvation Army personnel went out with Emma Parade residents when the street was first opened up. These were also local Corps members, who had experienced significant property loss in the September fires a few weeks earlier, so they were able to relate to the residents very easily.*

> *The SAES trailer was deployed [and] sent to Buena Vista to serve a hot meal and tea/coffee/cold drinks and water. Also available were hand sanitising, tissues, etc. It was very well received by the residents, with lots of emotions running high at the time. This service was accessed by those who had lost their homes and were coming back to see what was left, and those who were still in their homes but didn't have electricity to cook a meal or food that was safe to eat due to lack of refrigeration. Residents had the opportunity to catch up with each other over a cup of tea.*

> *On Saturday morning the SAES truck and trailer were set up in Buena Vista and Singles Ridge Road so that anyone travelling to or from Yellow Rock could stop and have something to eat or drink and a chat. Everyone who used the service was encouraged to register at the Recovery Centre as soon as possible and to see the Salvation Army personnel on duty so we could provide further assistance.*"

> "*When the roads were blocked off during the fires and people were waiting to get back to their homes, the SES and Police were handing out bottles of water to people in their cars, which they found really helpful.*"

"Winmalee Neighbourhood Centre remained opened 7 days a week during the initial disaster (8 weeks); this was seen as a priority to ensure existing partnerships and community involvement. Stronger networks and community engagement were a positive outcome."

Other charities and faith-based groups also responded to the disaster:
"We [Jericho Road, a donation-funded initiative of the Presbyterian Church] walked the streets and connected with fire affected residents, and offered assistance where possible. We found by going out, as opposed to having people come to us, had a positive result, and it shaped what we did from then on; we tried to meet immediate needs and 'fill the gaps', for example, we:

- *helped bury pets;*
- *set up freezers in a local car port, and stocked them with home-cooked frozen meals [24/7];*
- *arranged for immediate supply of boots to replace those melted by the heat of the ground;*
- *packed bags of clothes and toiletries and delivered them to those who needed them when they identified that this would be helpful;*
- *replaced RFS shirts and provided funds for work gear for brigade members who lost theirs when their homes were destroyed;*
- *cleaned surviving homes;*
- *boxes became a theme for us, and have become our way of providing support and maintaining contact with people - in February [2014] we delivered 80 'Just because it's February and we still care' boxes (we couldn't think of a better name!); and in May, we delivered 100 'Winter Warmer' boxes. We tried as far as possible to buy from local small business when we were putting these boxes together to assist the local economy."*

WHAT DO WE BELIEVE COULD BE IMPROVED NEXT TIME?

Wellbeing acknowledges that emergencies are stressful and chaotic; and even when the best arrangements are in place the situation might be 'adequate' rather than 'ideal'. The comments below are not intended as criticism, but as potentially helpful suggestions which might make the next emergency situation a little easier for both responders and evacuees and their family/friends. Some of the key issues raised, in relation to the operation of Evacuation Centres in particular, included:

1. **Suitability and preparedness**; eg
   o sleeping arrangements (for aged/disabled/special health requirements);
   o access to equipment and sufficient power-points for life-support (CPAP/oxygen/disability chair)
      "CPAP machines were not available, and some people, who had evacuated without them, were frightened to go to sleep (one lady didn't sleep for 4 days)";
   o heating/cooling for summer/winter conditions;
   o health requirements (eg arrangements for dementia sufferers) of evacuees.

Many of the designated Evacuation Centres in the Blue Mountains are heritage/older buildings. Issues such as accessibility, heating/cooling, suitable food preparation areas, numbers and

locations of power-points, etc. are the responsibility of the Local Emergency Management Committee.

Recommendation 1: Wellbeing recommends that discussions be held with the Local Emergency Management Officer (LEMO) and the Local Emergency Management Committee (LEMC) to:

- **identify any additional selection criteria which may be helpful in identifying suitable premises as designated Evacuation Centres; and/or identify any gaps/needs in existing premises designated as Evacuation Centres, and**
- **work to fill any identified gaps**
- **formalise a relationship and communication/referral pathways to pro-actively identify and deal with issues.**

Issues around the effective operation of the Evacuation Centres are in fact the responsibility of the WELFAC, and all issues/identified gaps should be raised with the individual undertaking this role. In the wake of the October 2013 bushfires, this was not clearly understood by those staff and volunteers in the Evacuation Centres, and consequently some frustration was felt about being able to best meet the needs of evacuees in the circumstances [NOTE: emergency accommodation is in fact organised by ADRA where necessary]:

"Upon request, I arranged for the evacuation of a woman with a range of disabilities from Blackheath to the Evacuation Centre in Springwood. While she was treated well, there were a number of gaps in the system that became evident. Her disability includes an inability to speak. The level of need that she has should have been evident to the staff there - who it seemed did not make any advance plans about her care. I was phoned in the afternoon and asked to take her back home. She had been taken to the Evacuation Centre because her house was in the street deemed most at-risk in Blackheath and she was terrified. There were no options for her to be cared for in her home, and she did not have alternatives. She did not want to be returned home. In the end, she slept at the Centre which was not the best option, but acceptable. My experience was that I was phoned by numerous evacuation staff who did not seem to know the 'chain of command' at the Centre and what the formal options were for accommodation for someone in need. Staff would change shift and the same queries would recommence."

Recommendation 2:   Ensure clear protocols and pathways are in place at Evacuation Centres so that staff are aware what their options are (eg via the WELFAC), and who can make decisions when the options are more complex to implement (eg transport for at-risk and vulnerable, and ensuring any additional services required at Evacuation Centres are provided).

2. **Designation of Evacuation Centres**

   There were also issues which arose from a rapidly-changing fire situation, where community members were uncertain of where was safe to go, and where the designated Evacuation Centre was. Wellbeing members commented:

   "A significant number of people went to another large Springwood venue, thinking that it was the Evacuation Centre; [unfortunately] the venue management didn't appear to realise that they were not an Evacuation Centre, or know the location of the designated Evacuation Centre."

"An Evacuation Centre was very appropriately opened up on the day of the fire event in Mt Victoria. It was opened on two occasions and the take-up was very limited. My conclusion was that people had alternative options, and in fact people who were actually evacuated from Mt Victoria at the time of the fire were set up at the Mt Vic Public School and then re-accommodated at the local pub if they did not have friends to go to. However, the opening of the Evacuation Centre was appropriate at the time, in case people needed to use it. It was very reassuring to know it was open and ready.

However, as the days progressed until the following Wednesday - which was the day of extreme danger and the broader community was being advised to evacuate the area (and in fact many did) - the only Evacuation Centres open were in Lithgow and in Springwood. Both sites necessitated community members going to locations that were identified as high risk, and many community people came in to say they were very concerned about their safety in travelling there. People came into the Neighbourhood Centre with animals in carry cages, needing to travel down to Springwood by train. They were very frightened and worried about this being their only option. Even if it was small operation, on the days that were deemed to be high danger, an Evacuation Centre should have been opened in the Upper Mountains. A source of information was necessary, if nothing else."

"Unfortunately, the venue [Springwood Sports Club] was too small to cope with the numbers of evacuees; children were standing out on the bowling greens as it got dark, and were easy targets for the media."

Additionally, there was confusion in the public mind between an 'Evacuation Centre' and the 'Recovery Centre' (and even 'Neighbourhood Safer Place') – the situation made more difficult as they were, for a significant time, operating concurrently. As an example of the confusion on the ground, one Wellbeing member noted:

"On the day of the fires, there were people at Winmalee Public School and in the grounds of Winmalee Village Shopping Centre (Coles) saying that people were being evacuated to Coles. The shopping centre was closing up. While people felt some sense of safety in the carpark, there was no conversation about where the Evacuation Centre was. The roads were blocked and the smoke was extremely thick and terrifying looking towards Springwood. I can understand why people stopped at the Golf Course after the roads were opened: part of it is because people wanted to be close so they could get back in to their street as soon as possible, and also because the Golf Course has in the past been the place to go to in case of emergency."

Recommendation 3: Blue Mountains City Council to widely publicise identified Evacuation Centre localities for each community/village:
- **during an emergency, utilise media coverage/social media, etc. to identify the designated Evacuation Centre in emergency-affected areas (or any changes to these necessitated by events).**

Recommendation 4: Blue Mountains City Council to implement an ongoing program of communicating key messages to the community to differentiate the roles of Evacuation Centres and the Recovery Centre (should these again need to be run concurrently**), along with Neighbourhood Safer Places.**

3. Communication in Emergencies

As often occurs in extreme situations, in the 2013 bushfires modern communications technology failed - for example mobile phones ran out of power, towers and networks were overwhelmed with traffic. Not only was this an issue for the affected communities and responders, but also between responders themselves - which resulted in confusion, inefficiencies and even some workers/community members inadvertently placing themselves/those they were caring for in jeopardy.

"[From the schools' point of view] There was very little coordination of the evacuation, and confusion (between the Principals and Police) about who was 'in charge' (Principals were told they were the site managers, and then the Police took over). Everything worked like clockwork inside the school gates, but at the gate things broke down – there was no Department of Education policy to deal with a disaster of this size. Once the Police and emergency services finally arrived at the school they were great; Department of Education processes have been reviewed and improved in the light of this experience (for example, a new classification has been introduced, and Principals given more authority as site managers)."

There were mixed messages between the Department of Education's Work Health & Safety advice and advice by the Police; it was a long time before Principals were given direct guidance from the Department, and it was difficult to get up-to-date information (one Principal was receiving information from parents and the radio; while at the same time, radio stations were ringing the school for information.

There was no communication between the RFS and the school - perhaps there is a need for clearer guidance from the Department in the event of major emergencies; or possibly DEC personnel present in the fire control room to act as advisor on school issues and liaise with those advising Principals.

There was confusion about collection of children – at school, children were being signed-out by teachers, but this was not happening at the Evacuation Centre [this potentially raises serious safety issues for children].

[Presumably due to the rapidly-changing nature of the emergency] there was also confusion about where to evacuate to – in one case, children were told to walk to Hawkesbury Road to be evacuated, but were then told to go back. It would have been good to get the younger children to the Evacuation Centre before 7pm, as they could have walked out."

"School counsellors were not involved in providing any support at the Evacuation Centre in Springwood. We provided practical and emotional support to staff, parents and students when Springwood HS was evacuated to Faulconbridge PS on Fri 18/10. What became evident on this day was that school staff need to be clearly identified - the school counsellors wore their badges, but in the confusion and emotionally-charged situation parents and staff from other schools were difficult to identify as they tried to collect their children. School processes of signing students out worked well, once the students had been able to move away from the street and to the hall.

Media representatives dressed in RFS style pants and t-shirts also tried to film students as they disembarked the buses that had evacuated them from Springwood High School to Faulconbridge Public School. They were not clearly identified as being from the media; once they were identified, they were asked to leave by the Principal of the school.

On Friday 18/10/13 the most effected schools were closed, but they were open on the following Monday and Tuesday prior to all schools being closed on Wednesday. Although student attendance was minimal, staff (who are mainly local residents) were expected to be at work. The smoke and ash were still stifling on these days and the decision to open the schools caused distress to the staff. The Catholic and independent schools in the local area were closed on these days, which allowed staff to manage the fire risk to their own properties and for the schools to have time to plan for their response when the students returned to school. This issue has been discussed within the Department of Education, and alternate arrangements will be made for future events."

Recommendation 5: Where ever practicable, children (evacuated from schools, OOSH services and early childhood facilities) should be evacuated to another school facility. Children would then be supervised by staff with relevant Working with Children checks and experience; additional staff from the evacuated school could assist with supervision. This would also make it easier for parents to collect their children in a safe environment, and to have the process well-documented.

Recommendation 6: BMCC (in consultation with the community sector and emergency services) to identify other (complementary) means of communication delivery - which may require local knowledge as the link between the community and (often 'out-of-area') agencies.

Recommendation 7: Blue Mountains City Council (though the LEMO and with advice from LEMC) to implement an ongoing program of developing and updating protocols and templates on communication that can be implemented immediately eg when triggered by an emergency or declaration of a disaster:
- ♦ **BMCC Recovery website**
- ♦ **Recovery Newsletter**
- ♦ **designated Evacuation or Recovery Centres**
- ♦ **with key messaging prepared and ready to go (around issues such as the Mayoral Appeal; donations of Good & Services; updates on arrangements around clearing of trees, slabs and rubble; Wellbeing key recovery messages, etc.).**

Recommendation 8: To ensure continuity and retention of 'corporate knowledge' gained through this emergency, key players in emergency management, relief and recovery should meet at regular intervals (perhaps every two years; possibly in connection with the Economic Recovery Sub-committee's proposed bi-annual Build Expo?)
- ♦ **all relevant sectors and services to be included, to ensure connections are kept role-specific (not confined to personal relationships developed through this particular emergency);**
- ♦ **at this time, all information is updated to ensure all agencies' information is correct, and that the updated local Emergency Management Plan can be fed into the State- (MPES) or BMCC-led emergency response.**

"We would see the value in an annual preparation day to update all services [involved in emergency relief and response] on the latest plans, roles, rules, regulations, technology, expectations, etc. We believe it is very important to have everyone on board for future bushfire preparedness. Part of this should be important training on how communication (communication lines) will happen between Fire Control, the public and service providers in a disaster. This is particularly relevant considering next major fire event could be many

years from now and the technological changes during that timeframe will impact our communication."

"It would be of real value to the community services sector, and identified Wellbeing members in particular, if it were possible for emergency services (such as RFS) to give us a pre-season briefing, so we have some idea of the issues and concerns about the upcoming season."

Recommendation 9: MPES and BMCC to agree arrangements for a coordinated response to ensure all agencies are aware of 'who is doing what' in response and recovery; in particular, implement a centralised intake service (once initial registration is complete) such as *Step by Step*, at the commencement of the emergency response

♦   see also point 5. below re: centralised database.

4.   Difficulties for services in staffing multiple Evacuation Centres and Recovery Centre concurrently

Wellbeing appreciates the efforts of all those staff and volunteers who volunteered to work long hours (often in addition to a 'day job') to provide information and referral to those affected by the 2013 bushfires. However, many of those local agencies/services (as distinct from Disaster Welfare Services, which have the capacity to deal with a sudden demand for large numbers of staff/volunteers) which were requested to provide rostered staff/volunteers to assist in both Evacuation Centres and the Recovery Centre found the impost of staffing two or more concurrent centres difficult, especially for smaller organisations with low staff/volunteer numbers.

"While we recognise staffing can certainly be an issue, particularly during a disaster that continues over a period of time, The Salvation Army [as a Disaster Welfare Service] did not experience a lack of staff. In the immediate response after the fires we had adequate staff to provide the catering at the Recovery Centre, staff our desk in the Recovery Centre, set up and run our Relief and Support Centre (at Springwood Baptist Church and our buildings in Francis Road, Faulconbridge), and have teams available for SAES. This is because we have a reasonably large group of local members who have a very high commitment to volunteering, and we were also able to bring in people from out of the area when required."

5.   Lack of a centralised database, with suitable levels of access to authorised personnel

From November 8 2013, the *Step by Step* (SBS) Bushfire Recovery Service inherited the Disaster Welfare Services (DWS) database (combined with the data compiled from the Red Cross/Anglicare outreach, where over 6000 households were door knocked/contacted). The initial outreach programs were conducted over 26-28 October, 2-4 November and 8-9 November 2013. The areas door-knocked were Springwood, Winmalee, Yellow Rock, Warrimoo, Faulconbridge, Hawkesbury Heights, Mt Riverview, Clarence, Dargan, Mt Victoria, Blackheath, Bilpin, Mountains Lagoon, Mt Tomah, Mt Wilson and Mt Irvine. The Disaster Welfare Team were based at the Recovery Centre (Springwood Presbyterian Church) and collated and compiled lists of fire affected households who had requested follow up. These were forwarded to *Step by Step* Manager and workers. The process for gathering this information included a questionnaire which included obtaining client consent for their information to be forwarded to recovery services (i.e. *Step by Step*).

We acknowledge that the lack of a centralised database of emergency-affected residents is a recurring theme after almost every large-scale disaster – and from our experience there are very good reasons for this! The lack of easy access to necessary information was a significant impediment, for example, to *Step by Step*'s operations. To overcome this, the service developed a comprehensive database designed to capture data and produce reports related to: numbers of clients accessing the service, numbers and types of client contact (ie face to face, on-line etc), client needs, recovery plans, outcomes and goals. Access to this database allowed authorised team members to enter, store and archive relevant client data and complete case notes on line.

One of the single largest issues identified by those who were fire-affected was the time and emotional drain – and occasionally the emotional 'trigger' – of having to repeatedly fill out forms, or answer the same questions over and over, or tell their story again and again. Wellbeing recognises that Welfare Services and charities have their own accountability requirements, and will often require additional information; however, **the burden of repeating the same essential information (address/block number, people in the household, renting/owned, insurance status, degree of damage, etc.) should be removed from traumatised and exhausted residents.**

> *"Centralised intake is vital - and permission should be given from the outset for information to be shared with recognised NGO's involved in responding to a crisis, so that traumatised individuals do not need to continue to repeat the same information and continually tell their story.*
>
> *It should be noted that impact on local disaster workers and volunteers is significant when you know you have to ask questions that may re-traumatise - and certainly upset and destabilize people - when it could be avoided. Doing that day after day to your community members can be emotionally and mentally harmful for those in that role.*
>
> *We had individuals come to us who were very frustrated at having to repeat their story & register separately with, for example, The Salvation Army to receive assistance. This was also noted through Facebook pages where people seemed more willing to express their frustration. Separate registration is essential for us to be accountable for publicly donated funds; however if information given at Recovery Centre could have been shared directly with us, we would not have needed to go over information already given."*

Recommendation 10: Blue Mountains City Council Recovery Team (along with managers of other relevant welfare and community organisations) to discuss with MPES the development of a protocol which would allow the sharing of relevant information to authorised personnel from authorised agencies. Specifically:

- ◆ **When first seen at an Evacuation Centre/Recovery Centre, members of each household are asked to indicate whether they agree to their information being shared with other authorised recovery agencies (such as Blue Mountains City Council, state and federal agencies such as Health and Education, DWS, other welfare and community organisations); and**
- ◆ **Each adult member of each household is issued with a Recovery ID card - ideally an electronic chip card, so it can be simply scanned; but at a <u>minimum</u> with an identity card which includes a unique ID number (which can be entered into the shared database to verify that they are *bona fide* emergency-affected residents, and allowing access for authorised personnel to their data).**

6. **Confusion around/lack of a single key information source on the unfolding emergencies**
    o point of contact/chain of command (e.g. WELFAC, LEMO);
    o need to clearly map responsibilities, especially for non-'response & command' agencies and community/welfare services involved in Recovery;
    o need to clearly articulate key information points for agencies and welfare/community service organisations involved in the emergency and Recovery efforts.

"The Salvation Army Emergency Services' responsibility during an emergency according to the NSW Welfare Services Functional Area Supporting Plan is to provide catering to disaster affected people. This includes the provision of catering services to staff and volunteers who are providing services to disaster affected people at evacuation and recovery centres. On request, the SAES may provide catering services to combat agencies after the first 24 hours of a disaster. Our local SAES crews were put on standby; however, due to the Sports Club providing catering for the Evacuation Centre, we were not required. It is possible that our services could have been utilised at an alternative venue where people may have needed refreshments during the first 24 hours. For instance, our smaller trailer could have be taken out to the roadblock on Hawkesbury Road to provide hot drinks, water, snacks or sausage sandwiches to those stuck on the road, and the Emergency Services workers on duty there."

*"When the preschool (Rainbow) relocated to the Evacuation Centre, we ordered in food for the children in our care, and had a sectioned-off area. The staff were in uniform, and therefore it was assumed that they were there to meet the needs of **all** children in the Centre!"*

Recommendation 11: The Local Emergency Management Plan should make roles and responsibilities clear for those requested/required to attend the Evacuation and/or Recovery Centre.
    ♦ **Clear roles and responsibilities are identified at the local level (via EMPLAN and Welfare Service Functional Area);**
    ♦ **Recommendations made to MPES as to which local agencies should normally be present at the Evacuation Centre (i.e. not currently include in the Welfare Service Functional Area), and which local agencies would be required at the Recovery Centre (especially if these should again be concurrent); and**
    ♦ **Those local agencies are so advised, and requested to amend their own emergency plans, if required - to factor in staff/volunteer time, back-filling of positions (where possible), etc. - for the next emergency.**

7. The Springwood Evacuation Centre had coverage of the fires on all television screens; this caused distress for some young children

Recommendation 12: Televisions in main Evacuation Centre areas should be tuned to child-friendly programs; designated televisions, set apart from children's spaces, should be utilised for any coverage of the emergency.

PART B - RECOVERY CENTRE/BUSHFIRE INFORMATION & SUPPORT CENTRE (BISC)

Following some disasters, the NSW Government will establish Recovery Centres to help affected communities rebuild.

The Recovery Centres are staffed by government and non-government agencies and provide a range of services from one location as a 'one-stop shop'.

The role of the Ministry of Police & Emergency Services (MPES) at the Recovery Centre is to coordinate welfare services. This may include financial assistance, personal support, organising temporary accommodation, and information and referral.

The Department of Families & Community Services (FACS) delivers welfare services with its community partners. For example, someone affected by bushfire could visit the Disaster Recovery Centre and get information and advice on insurance, removal of debris and advice on rebuilding their home.

Services offered from Disaster Recovery Centres are designed to help people resume a normal life as quickly as possible.

WHAT DO WE BELIEVE WAS EFFECTIVE?

There is general agreement that the Recovery Centre and BISC worked efficiently and well, fulfilling their role as a one-stop shop. We would strongly recommend a similar model be implemented in the next emergency, with provisions made to address the issues mentioned in the previous section – *viz*:

- ♦ lack of centralised ID and database;
- ♦ the *Step by Step* (SBS) service was not initially the central point of 'triage', and information and referral, for emergency-affected residents post-registration;
- ♦ confusion around the roles of Evacuation Centres *vs* Recovery Centres; and
- ♦ strain on smaller (local) organisations in finding sufficient staff to cover required volunteer roles requested.

"It was excellent to have a member of Red Cross walk around with fire-affected residents with a tick sheet of all of the services. It means the residents could see straight away who they had spoken to, and who they needed to come back and see. Fire affected residents were encouraged to come back if they found they couldn't handle it all in one visit, which is very important, especially as it was a small venue with a lot of voices speaking at once.

"The Salvation Army was present at the Recovery Centre from the beginning in two capacities:

1. *We served food and drinks for the volunteers and workers from all groups who were present at the recovery centre as well as for those fire-affected residents who needed refreshments.*
2. *We also had a desk staffed by a local member of The Salvation Army who could talk to fire-affected residents, offer support, explain what we could offer and provide referrals to our Relief and Support Centre at the Baptist Church.*

When a referral was made, we would ask the residents what it is that they were in need of at the moment, and would try to have it available for them at the Baptist Church the following day. Rosters were designed so that suitable members would rotate between the Recovery Centre and the Bushfire Relief and Support Centre (BISC). This often meant that people were dealing with the same person at both venues, which created a more personal service and was valued by the residents.

On 28th October I was on the desk at the Recovery Centre. Just as we were closing for the day a young man came in who had been renting a house that was destroyed. We settled at the desk and had a chat. He didn't really know what to do. He was very softly spoken and only made direct eye contact 2 or 3 times. I gave him a referral to our service at the Baptist Church. He went there the next day, and I was on duty there, too. I saw him coming across the carpark and went out to meet him. I accompanied him around the centre while he got the things he needed, and suggesting items that he hadn't thought of but I knew he would need from our conversation the previous day. He made a little more eye contact this time. He came back to the our centre at the Baptist Church a couple of weeks later to pick up a pair of Blundstone boots and we had a really good chat. A few more weeks after that I was in Bunnings at Valley Heights and he came up to me very excitedly with paint samples for the room he was staying in at his parents. I was totally taken by surprise; he was so animated! In April this year he came into our office in Raymond Road a couple of times for the Phase 2 Grant. Both were extended visits, at the end of the last visit we stood at the door, him on the footpath and me holding the door open, for another half an hour, just talking about the future and the plans he has. This is just one example of the relationships that have been built by having the same people meeting disaster-affected people at different stages of their recovery."

WHAT DO WE BELIEVE COULD BE IMPROVED NEXT TIME?

1. **Ensure that all emergency affected communities have easy access to Recovery Centre services.** Wellbeing members commented that in their experience:

    "It was problematic that everyone from the Mt Victoria area needed to travel down to Springwood to the Recovery Centre. Many chose not to access various donations that were on offer because it was seen as a long way to go or people had difficulties travelling there. Many people did not get good information about services and support that was available.

    It's important that a mobile Recovery Centre be set up immediately so that all areas are serviced. The centre at Mt Victoria took a long time to set up, and only as a result of agitation from the local area. It was very well-organised and people were very happy to have the services and information come to them."

Recommendation 13: Where more than one area is affected by an emergency, a mobile recovery centre established in each of the smaller local areas immediately.

2.   **As far as possible, ensure continuity of 'normal' services once the immediate risk is over**

"Our Senior's lunches and scheduled activities normally held at this location were cancelled for a long period of time, and no other arrangements were made to accommodate these people. The people attending these activities are identified as "at risk and vulnerable" and are in need of these scheduled activities. This had a negative impact on their emotional and physical wellbeing. Therefore in the future this needs to be addressed and alternative venues arranged.

Recommendation 14: MCRN (as peak body) encourage and support all community services organisations to develop a Business Continuity Plan as part of their overall Emergency Plan.

3.   **Move immediately to trigger the agreed Wellbeing structure (MPES, LEMO):**

Recommendation 15: Implement the agreed Wellbeing structure, and move immediately to a 'localisation' process so that agencies and services represented have 'locals' at the table.

PART C - RECOVERY & RESILIENCE – WELLBEING IN ACTION

Step by Step
'Renewal' Project
School Counsellor Team
Winmalee Neighbourhood Centre
ATAPS Extreme Climatic Events Counselling

> *"Every intervention in disaster has to simultaneously build social fabric,
> and deliver assistance to it."*   **Dr Rob Gordon**

It is not possible in the space available in this document to cover the many recovery and resilience-building initiatives undertaking by community services and Wellbeing members in concert, most of which is still ongoing. The community services sector (including ATAPS Extreme Climatic Events counselling; the work of the Mental Health Team, Community Health Centres and local clinicians; Red Cross; Specialist Housing Services; Blue Mountains City Council Recovery Team; and community sector organisations more broadly) continue to provide programs and services to residents, including those who are fire-affected.

We give here an overview of some of the additional interventions established as a direct result of the 2013 bushfires, as models of what can be achieved in Recovery with relatively little investment, when allied with (and/or supplemented by) existing programs and services. Five of these initiatives illustrate the psychosocial approach taken by Wellbeing:

1. ***Step by Step*** (SBS) Bushfire Support Service – Following the 2013 Bushfires, and based on experience and feedback in other disasters (the devastating 'Black Saturday' fires in Victoria in 2009, and the Coonabarabran fires in early 2013), the NSW State Government consulted with the local community sector and Blue Mountains City Council (BMCC) and instituted two specific recovery projects. Ministry of Police and Emergency Services (MPES) funded Gateway Family Services (based in the Lower Mountains) to establish and deliver a support service (initially through the Evacuation and Recovery Centres; eventually based in Winmalee Neighbourhood Centre, but also mobile) for a period of 6 months.
2. The Department of Family & Community Services (FACS) negotiated with both Springwood Neighbourhood Centre Cooperative (SNCC) and Winmalee Neighbourhood Centre (WNC) to second a Community Development worker to WNC for a period of 12 months (**The 'Renewal' Project**). Though no extra funding was made available for this project, SNCC's service deliverables were re-negotiated for the period of the project.
3. The Department of Education & Communities (DEC) **District Guidance Officer, and her team of School Counsellors** in Blue Mountains Public and High Schools.
4. **Winmalee Neighbourhood Centre**.
5. **ATAPS Extreme Climatic Events Counselling**.

WHAT DO WE BELIEVE WAS EFFECTIVE?

These projects - and the ongoing efforts of both the Department of Education District Guidance Officer and her team of school counsellors, and the ATAPS team - were of immense value in delivering assistance to, and in re-building the social fabric of, the effected communities.

Flexible Community Grants:

The aftermath of the 2013 Bushfires saw the trial, or elaboration, of a variety of programs/interventions in Recovery, including the delivery of recovery/resilience-building via Category C funding, in the form of Flexible Community Grants. There were certainly some aspects of these which could be refined for the next iteration - most particularly the timing of the grants. In addition, while the arms' length selection process aimed at improving objectivity, the lack of local input did not assist with optimising return on investment. Successful recipients in the first round (when grant applications were more likely to be focussed on recovery activities) were not notified until September 2014; and round 2 recipients were informed in December 2014. In terms of the second round of grants funding, Wellbeing Sub-committee would recommend this be delayed for at least another six months to a year, to allow for better needs' analysis and the building of collaboration/partnerships more focussed on resilience and community capacity-building.

Overall, however, Wellbeing believes this was a particularly effective form of delivery for local, place-based recovery and resilience interventions.

> **Recommendation 16: Wellbeing recommends that the concept of Flexible Community Grants be rolled-out to other emergency-affected communities, where Category C funding is made available.**

Overall, some 32 grants were made to local services and organisations, totalling around $1.2m. Of these, 21 were programs for community/social recovery and resilience-building (approx. $630,000); 5 were projects aimed at economic recovery (approx. $430,000); and 5 could be classified as being in an 'other' category ($162,000).

Step by Step:

♦ **Step by Step (SBS)**, in its 9 months of operations, was able to engage with over 525 bushfire affected households (with impacts ranging from total loss of property; to loss/partial damage to trees/fences/sheds/trailers; and no physical loss or damage, with psychological impacts). On the ground this translates to the majority of those impacted by the bushfires having some form of contact with SBS and having access to goods, services, information, and emotional support in ways that were accessible to them. SBS adopted a proactive approach to reaching impacted households (including those who had re-located off the Mountains). This included contacting (or attempting direct contact with) every household that had registered in the first days and weeks after the bushfires. In total the number of households significantly impacted was just over 300 – *Step by Step's* total of 525 client contacts represents a sum total of support services delivered across a broad variety of impacted households. SBS also worked collaboratively with the Red Cross volunteers undertaking outreach (door-knocking all residents in impacted areas) – eg identifying areas for outreach or follow-up.

♦ What impacted residents needed post-bushfires was access to information, resources and emotional support at times and in ways that fitted with them, and took into account their capacity to engage with the recovery service system across each phase of the recovery continuum.

♦ SBS was able to offer a broad range of services (i.e. crisis counselling, advocacy work with utilities, liaison with insurance companies, Department of Public Works and other organisations). This meant that impacted households were able to access a 'one-stop-shop' range of information and resources that would link them into the services, goods, and supports that met their individual needs. This 'one-stop-shop' model avoids the requirement for traumatised, highly-stressed people to attempt to navigate their way around multiple services and information systems to get to the "one answer" that they might be seeking. SBS acted as an easy-to-access information/resource conduit that linked people up to info/goods/services in a timely and efficient way.

"Without SBS, clients would have been required to navigate their own way around a multi-tiered welfare service system (of which they have no previous experience). This could have resulted in an increased sense of clients being overwhelmed and helpless. A core objective of SBS was to strengthen the capacity of impacted households to be able to confidently access the services that they need when they need them."

"Clients would have been required to develop multiple relationships with multiple service providers in order to access the information and services they need. This can be time consuming, confusing, and at times frustrating. This could see an increase in clients disengaging from the recovery service system. In general, impacted households are running low on many things - but specifically time, energy and finances. They need information and access to resources and services quickly and they need to be able to get what they need by calling one phone number or sending one email and speaking with one person (ideally the same person). This is where Step by Step was able to deliver the 'one-stop-shop' model of information, access to resources and links to services."

♦ In addition, SBS had the capacity to engage impacted service users in a structured cycle of follow up and regular "check ins". SBS workers (in consultation with service users) regularly followed up (weekly, fortnightly, monthly) via phone, email, face-to-face. This provided service users with a sense of security and a reassurance in knowing that somebody (other than their friends/family – if they had them) kept them and their wellbeing in mind over the longer term. Without a service like SBS, those clients who faced significant barriers (physical, locational, cultural, individual) to accessing goods and services may have fallen through the gaps and missed out on what they were eligible to access.

"Step by Step was able to undertake some intensive detective work to locate and make contact with 'hard to contact' people whose property had been destroyed but (4-6 months post-bushfires) had no knowledge or awareness that they were eligible to access goods, financial assistance and other services."

♦ Clients who had not had the opportunity to develop a trusted relationship with a service professional (who could identify symptoms of PTSD, anxiety, depression) would not have timely access to psychological/counselling services. In our experience, many clients will "soldier on" until they hit crisis or breakdown – which then normally involves more complex and longer term treatment.

"SBS workers who are regularly meeting or connecting with the same client, over a long period of time, are better positioned to notice and recognise changes in client wellbeing (psychological, emotional, financial, relationship), and act to intervene early before problems become more serious and entrenched."

♦ A significant role for SBS (and other service providers) was to provide early-engagement emotional regulation supports and cognitive scaffolding.   By populating the SBS team with experienced workers – with training and tertiary qualifications in counselling, social work and psychology – service users were connecting with professionals who were able to respond therapeutically to whatever the client presented.

"It was to be expected that many initial encounters with impacted persons involved high levels of emotional dysregulation and psychological distress (i.e. rage, numbness, grief, shock, over-whelming despair).   These kinds of presentations made it imperative that the professional assigned to assist them had the experience, understanding and qualifications to respond in ways that promoted a shift towards emotion regulation and a decrease in psychological impacts.   This enabled people to begin the process of engaging in more effective early decision making, planning and taking first steps.   In addition, this therapeutic engagement worked to increase people's hope (even if just a little) and confidence in their ability to get through another day – despite the enormous challenges facing them."

Step by Step offered flexibility in how we worked with clients and this was key to ensuring accessibility and broad acceptance and uptake of the service. Step by Step operated with the knowledge that the majority of directly impacted households had limited or no prior experience or contact with welfare and community services. This meant that we consciously avoided the use of officious language, clinical terms and jargon.   We met with people for "chats and a cuppa" rather than engaging them in assessments, interviews and meetings. Step by Step also operated under a mobile outreach model of service delivery which incorporated, meeting people wherever they felt most comfortable, utilising SKYPE capability (if required), and phone, email and social media as a means to stay connected with a dislocated population."

♦ Having a service that was set up, managed and resourced by an established local service assisted in terms of acceptance and take up of the service. Resources and administrative infrastructure were already established and available. When time is limited and immediate response is required, this aspect of service set-up was critical. In addition, relationships with the local service provider system were already well established. This meant that less time (and energy) was expended in seeking out and developing relationships with existing on-the-ground services and organisations. Being a member of the Wellbeing Sub-Committee (later Wellbeing Working Group) also provided significant opportunities for networking and multi-service collaborations.

'Renewal 'Project

Family and Community Services (FACS NBM) initiated the Bushfire Community Renewal Project to deliver a dedicated community development response to the bushfires within the Community Builders program. The project was a partnership with Springwood Neighbourhood Centre Cooperative Ltd (SNCC) and Winmalee Neighbourhood Centre Inc. (WNC). The aim of the project was to offer programs, in addition to those normally run by the community sector in the area, to assist fire-affected communities to re-connect and build resilience. Whilst it was identified that it was important that local service providers continue to deliver services on a "business as usual" basis, it was also recognised that specific resources needed to be directed to community renewal strategies following the fires. In retrospect, we would recommend such a 'Renewal' Project now be triggered in the immediate wake of the emergency, when residents' energies are devoted to survival and decision-making, but some months down the track when they have the psychological 'space'

Project Parameters

Springwood Neighbourhood Centre Co-operative Limited (SNCC) released a Community Development Worker to work with Winmalee Neighbourhood Centre Inc. on local agreed community development actions in response to the bushfires. Where necessary, it was agreed that FACS would negotiate amendments to the Community Builders specifications which it held with both service providers.

The project operated in communities affected by the fire in Springwood, Winmalee and Yellow Rock. Whilst property losses had occurred in other areas of the Blue Mountains, the scale of the impact in the lower Mountains demanded a specific focus of community renewal activity.

The Community Renewal Project aimed to deliver activities and support partnerships to strengthen and support recovery of these communities. All of the activities were open to the whole community, not just those who were bushfire affected. The groups particularly aimed to encourage maintenance of connections for those people displaced by the fires, and also to allow development of new friendships and support.

Community Needs/Issues identified by the Project:
- Access to accurate and timely information
- Access to the MPES database for affected persons
- Block-clearing

- Community disconnection and social isolation
- Counselling and Mental Health concerns
- Financial assistance
- Rental property shortage
- The Royal visit
- Transport for people displaced by the fires
- Household preparedness, including safe places and pets
- Excessive donation of material goods, and overwhelming local services.

Project Activities

The range of activities undertaken included:

o School holiday Activities: Art Therapy Sessions for children at Yellow Rock Guide Hall and Ellison Public School (Winmalee); three sets of 2x2hour day sessions run in partnership with Blackheath Area Neighbourhood Centre in September.   These sessions were well attended and well received.

o *Fireworks* Art Exhibition: The *Fireworks* Art Exhibition ran over the weekend of 10-12 October and had 72 entries, many of which were from people directly affected by the October 2013 bushfires. Over the weekend there were over 600 visitors to the exhibition; the Exhibition Facebook page attracted 3700 direct views of images from the Facebook album (https://www.facebook.com/SpringwoodNeighbourhoodCentre/photos/a.92625335740357 3.1073741832.281861031842812/926253440736898/?type=1&theater). Feedback received during and after the exhibition and that compiled from the evaluations and visitors book was overwhelmingly positive. The Exhibition included a collection of art, sculpture, crafts, textiles and photography entries, celebrating resilience after the October 2013 bushfires. The majority of the entrants also provided accompanying stories which were included in the printed catalogue. There were some amazing stories of how works were created in people's recovery, salvaged from properties or crafted to celebrate individual and community strength and resilience by people who were not directly fire affected but still impacted by the events of October 2013. This Exhibition was an opportunity to show how powerful a tool art can be in processing community trauma.

Other activities under the Fireworks project included professionally facilitated, targeted arts based programs including those for children during term and school holidays, and for older, isolated women and families. The program included but was not limited to arts and crafts and musical activities.

"*Walking around the* Fireworks *exhibition I felt immediately struck by the simple honesty and vulnerability that the artists expressed in each of their works. The mediums used were hugely varied, from mosaics to sculpture, painting, sketches, and there were some very novel uses of fire damaged material. Each work had a personal quality, and a real story behind it that brought the exhibition alive. The community spirit really shone through on the opening night and throughout the weekend as artists brought friends and family along to share their fire stories in this creative and powerful way. What a great initiative*!" said one attendee.

o Anniversary Activities: The Renewal project officer supported a variety of local, neighbourhood, commemorative events around the Anniversary of the bushfires in October 2014, including Ellison Public and Winmalee Public School breakfasts and the BMCC Official Commemoration on the anniversary of the fires.

o SNCC, in partnership with TAFE Outreach, and supported by the Springwood Uniting Church, provided a series of six training classes for eight people each on Building Readiness and Resilience. This course covered the use of technology to help prepare for and cope with bushfire and other emergencies. It explored use of social media to stay informed in emergencies, developing a survival plan and sources of information to help with recovery and rebuilding.

o For International Women's Day, the project organised a coach-load of students from Winmalee High School accompanied by the principal and year advisor to attend the annual event with guest speaker Robyn Moore. Some of the fire-affected students from St Columba's High School also attended with some parents.

o Over 450 children and their families attended the Community Family Day at Ellison Public School on Saturday 22 March which brought together the National Parks & Wildlife Service (NPWS), NSW Police, *Step by Step* Bushfire Support Service, Mountains Outreach Children's Services (MOCS), and workers from the project, to host a raft of free activities for local families. Highlights of the day included the NPWS activities, focusing on recovery after the fires, circus skills workshops, and a baby animal petting zoo. Fun art and craft activities from MOCS, exciting visits by *Billy Booksie*, Police Officer Mel, and the NPWS mascot *Wanda the Wombat* rounded out a great day.

A member of the Ellison Community commented on the SNCC activities at Ellison School that "*it has been invaluable for our school community and so nice to see that spirit growing again.*"

o A Women's Wax Art Class facilitated by local artist Trudie Ann Moore ran weekly for women of all ages. This group of 6-8 women each week were provided step guidance to create wonderful wax artworks. The group also included a mindfulness and relaxation component. The group was financially supported by a kind donation from Dunalley Neighbourhood House and Red Cross.

o Yarn is a continuing group that grew out of the donation of excess unwearable clothing after the bushfires and the desire to come together and do something positive to support the bushfire recovery. The group comes together, some with preschool age children, to make recycled craft, re-using materials and fabrics to make practical household items from mats or blankets to stunning bags and jewellery.

  One of the participants said: "*I come to the group to learn new tasks and perhaps help others. It's very good motivation to get out for the day!*

o Craft for Kids was an initiative to help 5-12 year olds from a range of local primary schools come together to do fun 'recycled' Art classes after school. This project involved up to 14 participants at each weekly session allowing children to maintain existing and form new friendships while working creatively and learning some new art making skills. This group was been kindly facilitated by Wendy Lenthen and financially supported by Springwood Uniting Church.

o Every Monday and Wednesday from 9:30am in school term a group of dedicated participants have come together under Rachel Merton from Anytime Fitness's skilful guidance to exercise together. This Exercise at Ellison Group has allowed many of the participants affected to by the fires to stay connected with the community, participate in structured physical activity without cost and also to make new friends. The group further expanded to include a weekly session on Thursdays at Winmalee Public School under the banner of Workout at Winmalee.

  One of the participants said "*Thanks so much for getting the exercise class going. The group is growing and the feedback has been really positive. Great to see some of our deeply affected families getting involved and enjoying the positive benefits of exercise and a social gathering.*"

  Another says "*It's fun! The instructor is brilliant and caters to the individual's ability. This is such a great initiative for parents with children being able to exercise!*"

o The Renewal Project, aiming to recognise the extraordinary volunteer efforts in the initial bushfire recovery and the ongoing volunteering support, called for nominations to put together a Volunteer Recognition publication for the local newspaper and websites. This acknowledgement for Volunteers We**e**k included over fifty five individuals and twelve services.

o The project also partnered with Mountains Outreach Community Services (MOCS) for Reading Week (*Paint the Blue Read*) with an activity at the fire-affected Rainbow Preschool in Winmalee. *Billy Booksie* hosted some activities with the children and we distributed books donated from other Paint the Towns Read to twenty two families.

o The issue of feedback from the Childhood Sector, particularly at Rainbow Preschool and lack of debrief and support following fires, was raised by the project with MCRN and Wellbeing Committee. Subsequently, there was a Childhood Services Preparedness Forum organised for these organisations.

o A *More than a Fire Plan* Forum on Saturday 6th September was well attended with over sixty participants. The presentations by the Red Cross, Rural Fire Services and other emergency services were informative and well-received, and the project was very grateful for their support. The project would also like to acknowledge the financial support of the NRMA Community Grants program that allowed for the facilitation of the program across the Mountains.

o School holiday art workshops ran in partnership with BANC at Ellison and Yellow Rock in September. There were three sets of 2x2hour day sessions, some in the fire affected area of Yellow Rock. *Rhythm Stix* drumming classes run weekly, again in a local primary school for ease of access to local families. Activities that can still be rolled out under the Fireworks Funding could include activities involving puppetry, drama, arts for all ages.

o Bounce Back was a series of physical activities to support mental health in and resilience in recovery. It included group activities to primarily benefit the fire-affected community in the Springwood, Winmalee and Yellow Rock areas. There were targeted, professionally facilitated activity programs working across the age and ability spectrum. Activities included classes targeting parents after school morning drop off (Work out at Winmalee and Exercise at Ellison) and an after-school activity for parents to participate in with their children (Fit for Fun), and Zumba for Kids at Winmalee Public.

o One activity, which was trialled but was not successful, was Car Pooling for children. It was identified that many families had moved out of area and were travelling back and forth to enable children to stay at local schools. This had significant cost and time impacts. The project tried to facilitate car-pooling for families with children at the schools to reduce fuel costs and stress borne by displaced families but there was very limited interest. The conclusion was that, though there was significant need, parents were extremely vigilant about their children's care and safety after the fires and were reluctant to have them transported by anyone other than themselves.

Recommendations:
- In any future such project, the Project worker requires a mobile phone from the outset.
- Initial 'seed' funding should be provided to allow piloting of projects and activities until grant funding becomes available.
- It is essential that projects have access to the MPES database of affected people from the beginning. Fire-affected people should not have to consistently provide details and fill out forms for different agencies.
- There is a need to ensure continuity of normal services provided by local community sector organisations. Scheduled Springwood Neighbourhood Centre Cooperative activities, normally held at the location used for the Recovery Centre, were cancelled for a long period of time; and no other arrangements were made to accommodate these ongoing activities for local residents (identified as "at risk and vulnerable"). This had a negative impact on their emotional and physical wellbeing.

District Guidance Officer (DGO) & School Counselling in Action

1. After the Fires – the first month

The focus of intervention and support has been with Ellison Public School, Winmalee Public School, Winmalee High School and Mt Victoria Public School.

- ♦ On Day 1 – contact by DGO to all Principals of affected schools and with the school counselling team, to have them ready to report to these schools on Friday 18th.
- ♦ Friday 18th – the schools were closed. A Bushfire recovery document was emailed to all 29 school principals in the Faulconbridge DGO group. This information included:
  - o Typical reactions to trauma, ways to help, and suggested classroom activities for both Primary and High school students;
  - o A parent/carer summary page about reactions to Bush fires for use in newsletters or on websites (both adapted from *Bush fire recovery for schools* Dec 2009);
  - o Psychological First Aid for Children and Adolescents (adapted from Grief and Trauma Network).
- ♦ A hard or soft copy of the documents and guidelines and a therapy pack were provided by the DGO to every school counsellor who supported the schools to maintain a consistent message across the Mountains.
- ♦ The response has been multi-layered providing individual face-to-face counselling, school support and community forums.
  - o <u>Counselling support</u> – 2 counsellors were at the fire-affected schools every day for the first 2 weeks post-fires, with 4 school counsellors at Winmalee HS on the Monday 27th Oct. when usual routines were resumed. Mt Victoria had service every morning for the first 10 days. This service has been reduced in consultation with the Principals and school counsellors. Ellison PS, Winmalee PS and Winmalee HS will continue to have above allocation service for the rest of the year.
  - o <u>School Support</u> - Provision of evidence-based resources to the teachers and parents; the DGO role was to research and deliver accessible information across the team to provide a consistent message and to allow the school counsellors to focus on the direct counselling. The following has been provided:
    - ▪ suggested classroom activities for teachers
    - ▪ scripts for teachers
    - ▪ Newsletter information specifically for Primary school students
    - ▪ information for the HS website about typical adolescent responses and how to help
    - ▪ presentation to Winmalee HS assembly Years 7 – 10 on Monday 27 /10/13 by DGO.
    - ▪ presentation to Winmalee PS staff meeting and separately to the executive by DGO on 21/10/13, with the assistance of a DGO colleague
    - ▪ parent support group facilitated by the DGO and school counsellor at Ellison PS.
    - ▪ offer of these sessions has been made to the Mt Victoria community.
    - ▪ two school counsellors present at parent morning tea at Winmalee PS on 28/10; dissemination of information and informal support provided.
    - ▪ coordination with Red Cross to deliver "*Helping Children and Young People with a Crisis*" booklets for parents and care givers and *"After the Emergency"* workbook for Stage 1 & 2 children. 800 booklets were distributed to be used in various ways by the schools.
    - ▪ consultation with Stage 3 teachers and provision of teaching resources at Winmalee PS from the Department of Health booklet – *The Bushfire and Me*.

- support of teaching staff form a number of schools across the mountains that had lost their homes or experienced trauma and loss, especially in the immediate post-fire period as EAPS counsellors did not commence service until Tuesday 29/10, 12 days after the fire.
- contact on several occasions with EAPS about service provision to the fire affected schools.

♦ Community Response: 2 evening community forums have been presented by the DGO
  o Thursday 7/11/13 – Winmalee HS, information for parents and carers open to parents from all schools; Tuesday 12/11/13 –Community forum in Springwood presented in partnership with Dr Geoffrey Glassock FAPS (Chair of the APS College of Counselling Psychologists).
    These events were widely advertised by the Winmalee HS Facebook page, the Bushfire Recovery Facebook page and by the Wellbeing Recovery Sub-committee networks. The forums and school presentations covered: typical reactions to trauma, how to help yourself, how to help others, what not to do, psychological first aid, when to seek help and an opportunity for small group discussion.

    This response was effective and utilized the skills and local knowledge of the Counselling team. No additional fire-related referrals were made to the local Mental Health team from October to March 2014, a marker of the success of this school- based intervention.

♦ **Issue** - **staffing**. Additional counsellors were made available from their schools but as their vacancy was not covered this extra support was necessarily short-term. Having numerous counsellors offer support required time to orient them to the school and our best practice response. The theory was provided by email, but it was time-consuming for the DGO to introduce the new counsellor to the school, and confusing for staff and it would be preferable to have a small number of extra counsellors for several weeks and for their positions to be replaced by a casual. The DGO was given no additional support or relief from the usual DGO duties and (as for so many others) the bushfire response was a job on top of an already busy job.

♦ Immediate connection with the community agencies involved in the psychosocial recovery was incredibly important. DGO attendance at the Wellbeing Sub-committee meetings from the beginning meant that key agencies were identified and worked collaboratively from the early stages of the recovery. The membership of this committee evolved over time. In the beginning it was the government agencies MPES, FACS, DEC, Health, Centrelink as well as Red Cross and MCRN (the peak body for the BM community sector). Over time, the larger government departments made way for the local agencies who would be providing the long-term psychosocial response. This flexibility in the committee membership has been a strength of Wellbeing, as the community needs changed in the recovery process, and the right people were at the table at the right time to address these needs.

2. 2014 - Ongoing Recovery

♦ Support continued to be coordinated by the District Guidance Officer (DGO). All 29 principals in the Blue Mountains area received advice and support. The focus will continue to be on Ellison Primary School, Winmalee Primary School, Winmalee High School and Mt Victoria Primary School. The DGO consulted with Principals about issues of concern, and addressed emerging needs.

♦ During 2014 a multi-layered response comprising individual counselling services and provision of resources to teachers and parents was provided. The DGO facilitated school

presentations, parent support groups, community response events and support for bushfire affected teaching staff. Content of these presentations include the typical reactions to trauma at this stage of recovery (specifically 6 and 12 months), the impact on learning and behaviour, self-care and post-traumatic growth. Targeted programs were provided by the Counselling service to support identified students such as *Cool Kids* and *Get Lost Mr Scary* (both programs address anxiety and include parent sessions). The DGO and executive of Winmalee HS developed a check-in system to monitor the learning needs of the Year 11 and 12 students.

♦ School counsellors have attended additional training on the impact of trauma - for example, presentations by Dr Rob Gordon, the Black Dog Institute, Beyond Blue and Red Cross.

♦ For 2014 there was a small increase of allocated counsellor time to Winmalee High School. Counsellors within the Winmalee schools liaised with the Winmalee Community Hub to develop a coordinated response with Gateway Family Services and *Step by Step*.

♦ The response in 2014 was strongly enhanced by the collaboration between the education system and Red Cross, SBS and the ATAPS programs. These agencies were called upon as needed to provide resources and training to school staff and counsellors (Red Cross); and provide a referral service for issues outside the domain of schools (SBS); and provide Counselling support for parents or family work (ATAPS).

♦ What helped schools the most was having agencies which could respond in a timely manner to the needs they identified. What did not help was agencies who offered their 'package' or service, expecting schools to take up the offer without collaboration or consultation about what they needed at the time.

3. Communication

♦ Internally, the Department of Education communication from the District Guidance Officer (DGO) to the 29 schools was predominantly via email. These emails were discussed at the weekly school counsellor meetings so they could follow up directly in the schools. The DGO did the Hawkesbury Road Loop to the schools regularly to pass on information, and monitor and assess each school's needs. This direct contact was the most effective; and even though it was time consuming, it was necessary to be physically present in the schools in the first few weeks.

♦ All documents for distribution to the school communities were written by the DGO; this freed the counsellors to provide the individual therapy and meant that the information provided was evidence-based and unified across all the Mountains' schools. Newsletter items, targeted at Primary Schools and High Schools and supporting students in the holidays, were well-received. Small articles or links to services that could be posted on schools' Facebook pages were also very effective.

♦ School Facebook pages were very useful in notifying the community of school closures, events and services.

♦ Difficulties emerged with emailed information being read, as so much information was being sent to the Principals.

Winmalee Neighbourhood Centre

Winmalee Neighbourhood Centre (WNC) remained open 7 days a week for 8 weeks (with weekends being staffed by the Manager and a volunteer - as many donations came in on weekends, along with residents requiring assistance), except when evacuated on 17th October. **Winmalee Neighbourhood Centre (WMC) acted as a 'hub' of disaster recovery in the Lower Mountains.** The emergency required WNC to operate with extreme flexibility during the fires, and well after.

The role of Neighbourhood Centres, and the community sector more broadly, was not well understood in the broader recovery sector; this meant that WNC's actual role in direct recovery support was not adequately recognised. For example:

- over a period of several weeks, over 140 people came to the Centre seeking assistance – many more than once;
- the working conditions were difficult (with another 7 workers to accommodate in the Centre - which made a team of 12 in 2 small rooms for nearly 12 months); and
- no additional funding was forthcoming to enable WNC to add these new roles and services to its existing remit.

The role of neighbourhood centres, and the limitations of operating funds, office space and additional support resources following an emergency event requires further evaluation for the emergency sector.

The role of WNC as a recovery 'hub' in the most fire-affected areas of Winmalee and Yellow Rock included:

- The WNC formed a Fire Recovery Committee – its role was to initiate strategies to enable the service to have the capacity to assist the community in both the short- and long-term.
- In the absence of an accessible database, intake forms were initiated, and fire-affected residents were asked to complete these (with suitable permissions given re: personal information) in order to track needs, and highlight referrals (which staff ensured occurred).
- *Step by Step* established a presence in WNC – without this facility, they would not have been able to connect as well to the community;
- Free emotional and financial counselling services, requiring no referrals, were also instituted by WNC for the fire-affected.
- Blue Mountains Family Support Service provided:
  - o a worker to assist with the sorting of donations;
  - o supervision for staff and volunteers; and
  - o doubled their allocation of funds through WNC's outreach;
- FACS facilitated the secondment of a community development worker from Springwood Neighbourhood Centre (see 'Renewal' Project above). In hindsight, programming this project into the affected area was too early; 200+ home occupiers had been displaced and moved out of the area, and tapping into these displaced people takes time.

WNC also sourced a wide range of donations of goods, funds and services to meet identified demand, and distribute at the local level; eg:

- free food vouchers, courtesy of Gateway Family Services and Springwood Neighbourhood Centre, Springwood Uniting Church, etc. were distributed;

- local Lions District 201N4 provided funding for computer desks for Years 11 & 12 students; students were also supplied USB data-sticks;
- two PODS self-storage (filled with new linen, clothes, toiletries, kitchen utensils, toys, bedding, shoes, and cleaning, washing and garden equipment to distribute);
- a self-storage in Penrith made a large shed available for 6 months in which to store furniture donations;
- a donated freezer stored frozen meals for residents;
- many, many other donations, too numerous to list here – eg assistance with re-building the local pre-school's play area; many donations of plants, landscaping supplies and assistance to restore basic landscaping; vouchers for local businesses; donations of cash-cards for residents from Neighbourhood Centres around the State; discount vouchers for furniture, electrical, landscape, white goods, flooring, paint, lighting, garden plants, internal and external doors, and other much-required items; and so on;
- WNC was able to provide 12 months of food hampers specifically for the fire-affected community;
- Christmas at Yellow Rock - over 300 people attended, and each received Xmas present, met with Santa Clause, and received a Xmas Hamper;
- No Interest Loans (NILS) - negotiated with [national charity] to allow people a loan that was out of 'policy' criteria;
- initiated yoga into the local schools for Year 12 students to address ongoing stress;
- partnered with Uniting Church to establish children's holiday activities (now ongoing);
- held several 'community catch ups' to reconnect people at WNC, where we held BBQs and gave out plants and vouchers.

While it was critical that WNC had the trust of the local community, and could act as a 'hub' for direct delivery to their local community, WNC has also incurred many stressors and costs as part of this process, and continues to do so - with no funding or additional support (such as back-filling, or professional supervision, for staff/volunteers). Wellbeing's recommendations around this are found elsewhere in this report (see pg 9; and 'Supporting the Supporters', pg 59-61).

Inevitably, this places extreme pressure on a small service with limited resources even in 'normal' times. Though so central to their community, they also felt cut-off from the Recovery and Wellbeing processes in the initial months of recovery, as they were not included in the various committees (Blackheath Area Neighbourhood Centre echoes this sense of isolation from the early recovery decision-making process), and this inevitably created a disconnect between the broader recovery efforts (in terms of information-flow and decision-making about wellbeing, for example) and fire-affected residents and those trusted sources closest to them. Wellbeing's recommendations on immediate 'localisation' of the Wellbeing Sub-committee are found elsewhere (pg 9).

ATAPS Extreme Climatic Events Counselling

Following the bushfires in October 2013, the Nepean-Blue Mountains Medicare Local made application to the Department of Health to access ATAPS funding under the Extreme Climatic Events category. The application was approved just prior to Christmas and the service was established in February 2014. The service provides access to counselling services for residents emotionally impacted by the bushfires irrespective of degree of physical loss. Access to the service is via a

referral from a GP and residents can access up to 12 sessions in a calendar year with a private mental health clinician (psychologist, mental health social worker, clinical psychologist, or mental health nurse). Session fees are made directly to the clinician by the Nepean-Blue Mountains Medicare Local. Residents may pay a small co-payment of up to $10 per session.

Utilisation of the ATAPS service:

The three main issues residents sought treatment for were:
- anxiety disorders
- depression, and
- post-traumatic stress disorder (PTSD).

Since the establishment of the service (Feb 2014) to end of June 2015, referral rates are as follows:

- Referrals 2013/14 (i.e. 5 months Feb 2014-Jun 2014): 135
- Referrals 2014/15 (i.e. 12 months Jul 2014-Jun 2015): 280

TOTAL Referrals: 415

Approximately 90% of referrals are activated (i.e. resident has at least one appointment with the clinician).

Sessions

Sessions paid for 2013/14: 621
Sessions paid for 2014/15: 1091

TOTAL Sessions: 1,712

Of the total 323 referrals activated to March 2015, the following referral pattern is evident:
4 referrals (i.e. 24 sessions) = 4 clients
3 referrals (i.e. 18 sessions) = 23 clients
2 referrals (i.e. 12 sessions)= 52 clients
Total multiple referrals = 189 representing 79 individuals.
1 referral (i.e. 6 sessions) = 134 clients
Sessions paid for 2013/14: 621
Sessions paid for 2014/15: 808

TOTAL Sessions: 1429

Postcode of referred resident:
o Lower Mountains (59%) – not surprisingly the largest area of uptake, comprising the 2777 postcode:
   Hawkesbury Heights
   Springwood
   Sun Valley
   Valley Heights
   Winmalee
   Yellow Rock

Residents in other areas also sought counselling assistance through the ATAPS program – some had no doubt moved temporarily or permanently to other areas of the Mountains; some perhaps 'triggered' by the event:
- Mid-Mountains – comprising the postcodes of 2779, 2776, 2778, 2783:
    Hazelbrook (8%)
    Faulconbridge (7.2%)
    Linden & Woodford (3.6%)
    Lawson (2.2%)
- Upper Mountains – comprising 2780, 2782, 2785 postcodes:
    Katoomba, Leura, Medlow Bath & Yosemite (5%)
    Wentworth Falls (5%)
    Blackheath, Megalong & Shipley (2.5%)
- Other surrounding areas (including Blaxland, Blaxland East, Glenbrook & Lapstone in the Lower Mountains; plus Clarence, Hartley Valley, Mulgoa, Agnes Banks, Richmond & Londonderry, Upper Colo, Bowen Mountain (7.5% total).

Counselling work through the ATAPS Extreme Climatic Events program is ongoing.

WHAT DO WE BELIEVE COULD BE IMPROVED NEXT TIME?

1. **Immediate triggering of a *Step by Step* service**

    It is critical that there is a coordinated, professional response, with specific areas delegated across sectors - and linked to specialisations, expertise, skills and capacity - in place immediately following any disaster. *Step by Step* was able to be set up quickly, and was operational and on the ground, working with impacted households, within a 1-2 week time-frame.

    We would like to see this timeframe reduced even further, to enable the initial screening and triage work in Evacuation/Recovery Centres to be undertaken by the support service which will continue to have contact with the impacted households.

    It is recommended that Ministry of Police and Emergency Services (MPES) and Blue Mountains City Council (BMCC) immediately commence the necessary background work to advertise for, identify and recruit to a Panel suitably qualified organisations which are in a position – either individually or in collaboration – to quickly deliver a *Step by Step* service. It is also recommended that both MPES and BMCC now develop, as appropriate, the necessary MoUs, protocols, etc. with those organisations identified for the Panel, with the intent of enabling immediate deployment of such a service(s) in areas of the Blue Mountains impacted by disasters/emergencies. Another avenue to explore in a future emergency is the possibility of the qualified professionals within a *Step by Step* service able to make a provisional referral (prior to client seeing their GP) to ATAPS Extreme Climatic Events counselling services. This would enable early access to professional support for affected residents.

    "[For example, SBS Manager recommends that] Blue Mountains City Council (with support from MPES) engage local community services in an EOI (Expression of Interest) process. BMCC (with input from BMCI) would investigate, identify and invite appropriate services to put in EOIs to second appropriate staff from their service to form (for a prescribed period of

*time) a team that provides intensive, personalised, one-to-one case management support
services to households in the event of a disaster.   A selection committee could be
established, with representatives from BMCC, MPES and the local health, welfare, education
and community service sectors.*

*MPES and Blue Mountains City Council (with input from BMCI) would devise the general
service structure and service delivery model (utilising the Step by Step service model as a
template), with flexibility built in to reflect the scale and scope of any future disaster events.
They would also determine the level of professional qualifications and skills of workers and
consider some financial (compensation) support to go to the participating services in
recognition of the impacts on organisational structure and normal service delivery.*

*EOI's could be submitted from consortiums (multiple services who partner to deliver certain
aspects of the service) or from sole providers.   A decision would need to be made by MPES
and BMCC in relation to which service model would have the necessary built-in efficiencies
and infrastructure to manage multiple partnerships and staff recruited from different
agencies. Whatever the final approach, there needs to be an existing framework and
mechanisms put in place that enables rapid set up and delivery of one-to-one professional,
high-quality case management services, to meet the needs of disaster impacted households."*

**Recommendation 16: That Blue Mountains City Council and MPES institute
discussions/negotiations with a view to establishing protocols and processes for immediate
triggering of a *Step by Step* service in the next significant emergency event.**

2. **Delays and barriers to the establishment and operation of *Step by Step***

As noted, there is a natural tendency, in the first stages of response, clean-up and recovery to
focus on the 'nuts and bolts' operations of the Command and Control agencies. Psychosocial
recovery is not the core business of these agencies, and there is an implied assumption that
the so-called "soft skills" are of lesser priority, or even of lesser importance, than the work of
what one participant termed the 'Hard Hat brigade'. This is captured exactly in comments
from agencies involved in the aftermath of Victoria's 'Black Saturday':

*"A … challenge to the practice of community development is that it is a practice that requires
time: time to understand issues, to identify key people involved, to acknowledge history, to
honour and develop relationships. Yet the need for time was at odds with what one
participant described as the 'rush rush' culture of recovery. In this environment, the focus
was seen to too easily gravitate to immediate actions, to defining problems and to finding
immediate solutions, without reflecting on what dynamics were really at play, what was
underpinning these dynamics, and what interventions and resolutions, if any, were
appropriate and sustainable".[7]*

*"Do not rush the community into capacity-building – the community is in chaos and to put
systems in place too early can be overwhelming for both the affected and the services at the
'coal face'. Local communities do have the basic capacities in disasters. Ensure quick
response to immediate needs, information about where they can be sought, and make these
ongoing."*

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[7] Taylor, D. & Goodman, H., *Towards Placed-Based and Community-Led Disaster Preparedness, Responsiveness,
Recovery and Renewal: Cross-sectoral Conversations about Innovations and Struggles, Learnings and Changes in the
Aftermath of the February 7 2009 Black Saturday Firestorm*, CatholicCare

This essential divergence of focus and priority was made manifest in a host of small ways (see also the later theme of 'Communication'), but had very specific and negative effects on the operation of *Step by Step,* and thus psychosocial recovery:

- there was a lack of understanding of the purpose of SBS, and consequently;
- a lack of public acknowledgment, endorsement and support for the service, and a lack of clear acknowledgement that SBS was an integral part of the psychosocial recovery process;
- while the divergent views around the purpose (and even the naming) of the service were being negotiated, there were delays releasing SBS promotional material to impacted residents;
- there were also obstructions and delays in getting SBS promotions and stories included in Recovery communications (eg Recovery Newsletter and website);
- all of which unfortunately resulted in critical time-delays in getting information out to the public, and possibly had a negative impact on the level of acceptance of SBS.

> *"Future SBS-like teams need to be adequately resourced in terms of:*
> - *IT (access to notebooks, mobile phones, internet)*
> - *service outlets (buildings, infrastructure, furniture)*
> - *professional management and clinical supervision*
> - *relevant administration systems (i.e. payroll, time-sheets, working with children checks, employment contracts etc),*
> - *promotional materials which can be easily produced and distributed quickly, and*
> - *easy access and links to local media."*

Recommendation 17: Ensure the immediate post-disaster establishment and operation of a *Step by Step* service; with SBS actively promoted as a key element of Wellbeing in the Recovery, and adequately resourced to fulfil its role.

3. **Length of operation of *Step by Step* service**

- ♦ As the communities impacted by the 'Black Saturday' firestorm found, the requirement for a *Step by Step* support service extended far beyond the initial few months; for example
  - clear evidence of Post-Traumatic Stress will generally appear after around 9-12 months following the trauma itself;
  - the anniversary of the event is frequently a significant emotional 'trigger', even without Post-Traumatic Stress;
- ♦ The operations of *Step by Step* were able to be extended on several occasions - eventually to the end of August 2014 (i.e. 10 months) - due to very generous Uniting Church Disaster Relief fund donations. This resulted in some limited confusion (amongst the community) and some small impacts in terms of adjustments to SBS's exit plan – but these impacts were resolved.
- ♦ Wellbeing has identified that the ongoing stress (decision-making, financial, etc) has often hit single-person households the hardest – as they have no one to 'take over' for a while when exhaustion hits, to bounce ideas off, or to let off steam with. The extension of a Step by Step service would have greatly assisted this cohort of affected residents.
- ♦ The Wellbeing Sub-committee is unanimous in its view that the *Step by Step* support needed to be in place for a minimum of 18 months – ideally for at least 2 years.

"The stress and anxiety caused by dealing with insurance, repairs, and the agencies involved in the recovery has resulted in a 'double blow' which for many has proven more debilitating than the earthquakes." Healthy Christchurch, survey of Canterbury residents 2012 in association with the All Right? campaign

"It may have been helpful if Gateway Family Services had more time and resources to recruit appropriate staff more widely from the local welfare/health/community services sector. This could have seen the creation of a multi-agency SBS team with some possible positive flow-on in terms of broad service acceptance and up-take and increased sense of community ownership. However, this service model would require a very high level of planning, consultation, cooperation and agreement amongst the selected cohort of service providers at a time when pressure and demand is higher than usual. Alternatively, if appropriate systems and structures were already in place, this process would automatically default to a local multi-agency model which could be set up and operational in a short period of time."

Recommendation 18: Any future *Step by Step* type support services are funded for a minimum of 18 months, preferably at least 2 years, during both the immediate post-emergency and recovery phases.

4. **Lack of an established, reliable, user-friendly database (managed by MPES and/or BMCC) where client information is centralised and able to be entered and added to from first contact to final contact.**

"Gateway Family Services has now developed a database for use by the Step by Step *Team. The SBS database gathered relevant data on clients numbers, referrals made, goods and services accessed and total number of client contacts (to name a few). Reports on client statistics are easily generated from this database. Training and on-going IT support would need to be built into the system. MPES/BMCC could identify key recovery services and agencies (i.e. Red Cross, Salvation Army, St. Vincent de Paul) which would have <u>authorised</u> access to the database, with data security built into the system. These agencies would then have easy access to impacted households who would in turn avoid having to fill out multiple forms for multiple agencies in order to prove their identity and their eligibility for goods and services."*

5. **Lack of a centrally organised and managed client registration system.**

*"*Step by Step *proposes that the Recovery Centre (and Red Cross outreach) would be the channels by which clients could register their impacted property. Upon registration, consent would be obtained from eligible households who would then be designated a unique code or ID (generated from the database) which would enable them to access goods and services via their code. The unique Code would also organise residents under categories of "Total Loss" "Significant Damage" "Partial Damage" – which would then assign them a colour or numerical coding (i.e. Red = Total Loss, Yellow = Significant Damage, Green = Partial Damage). This would assist key organisations in determining and tracking what each household requires, what they have accessed to date, and what they are eligible to access as additional funds and grants become available. This system would also identify any clients who had "missed out" on certain levels of assistance that they were eligible to access. In addition, key recovery services could pro-actively set up regular communications with service users to provide them with information and updates and ensure that they were accessing all of the goods and services that would assist in their recovery.*

"The lack of a confirmed database was the cause of extreme frustration and stress for both local residents and our service providers. Interviewers would try to make information-gathering as painless as possible, but the fact remained that many people were reliving the trauma as they had to recall personal details about their former address. This also created stress for our interviewers as it can be traumatic in itself [vicarious trauma] *to have to ask traumatised people the same things you know they have been asked many times before, and knowing that it is going to cause them re-traumatisation. A common comment was, "But I have already registered at the Recovery Centre in the main street." People often came in saying that they were already on file with us, and couldn't understand when they weren't, because they assumed that the forms they filled in at the Recovery Centre meant they were registered with us.*

The other major concern for The Salvation Army was ensuring that the people who were genuinely affected were receiving help. We were not able to contact people and arrange to meet them at a place that suited them, rather than having them come back into the area, or into The Salvation Army, when they weren't ready. From our past experience in disaster recovery we know that traumatised people may not be able to go around to all the services and handle the paperwork and interviews in order to access the help they need. Accessing information so as to be able to establish a relationship with affected people and walk with them through recovery would be very beneficial.

Over the months of the recovery process we found the lack of confirmed fire-affected addresses created a barrier that prevented us from making contact and assisting people who needed it most. Some of the community's frustration of this process came out as negative comments against The Salvation Army on a few Facebook pages, which only made the situation more frustrating (particularly for the local volunteers who were trying their best to meet the needs of their community).

We also experienced the problem of fraud because we couldn't confirm if a person was genuinely affected or not. This is a very serious matter and has, and continues, to waste value resources and time when it could have easily been avoided from the beginning."

Recommendation 19: That BMCC and MPES commence immediate discussions/negotiations with a view to establishing a reliable, user-friendly database (based on Gateway Family Services database, and managed by MPES and/or BMCC) where client information is centralised and able to be entered - and added to - from first to final contact. The database will also act as a centrally organised and managed client registration system. Each impacted household/individual should be:

- o **asked to indicate whether they agree to their information being shared with other authorised recovery agencies (such as Blue Mountains City Council; state and federal agencies such as Health and Education; DWS, other welfare and community organisations); and**
- o **issued with an ID card (ideally a chip-based card, or possibly including a QR code; but containing at a minimum their unique ID code/number), to allow <u>authorised</u> organisations to access sufficient information to ensure that they are *bona fide* residents of an impacted property, and avoid the necessity of having to repeatedly tell their stories. This database template to be held by BMCC, ready to be 'triggered' in the event of a future emergency.**

"In preparedness for future fires where there is a possibility of loss of life, we recommend a separate card or separate identifier in the database for immediate family members who were not residents in the fire-affected areas but will be handling the estate during the clean-up and possible rebuild or sale of the land."

6. **Privacy and ethics: How do we balance the right to privacy of affected residents with services'/agencies' need to contact them with communications, or offers of assistance/support? These issues manifested in a variety of ways during the response and recovery phases; for example:**
    o   How do we/who defines 'vulnerable' people? Is this Commonwealth Department of Health? NSW Department of Family & Community Services?
    o   Various charities/churches, media, or private individuals (but not others) were given information which would enable them to seek contact with affected families/individuals – this was a significant issue on several occasions.
    o   'Ownership' of the centralised database, and who should have what level of access to client information?

    "It would have been useful if a broader range of services were able to access the data base. I am sure that people who registered on the data base would have wanted assistance from key agencies. It would have made a big difference to be able to let all affected people know very early that Neighbourhood Centres were sources of assistance."

Recommendation 20: BMCC, in consultation with Wellbeing, develop a protocol for the conditions under which such contacts could be facilitated by the Recovery process (for example, a re-designed Registration process could see permissions addressed at the initial registration at Evacuation Centre/Recovery Centre; MoUs between BMCC and local service providers/DWS could provide for authorised access to the database on a 'need to know' basis – see Recommendation 19).

Recommendation 21: The issues of templates/trigger points for immediate involvement of various agencies/organisations to be raised and discussed more broadly with LEMC/LEMO/WELFAC/BMCC.

7. **Ensuring input by the community into recovery and renewal programs/projects.**

    ♦   One way of ensuring an effective feedback loop would be to hold a 'Lessons Learned' Forum or Conference – with key stakeholders, service providers and bushfire impacted households having the opportunity to come together to reflect on what has been achieved, what could have been done differently, and how lessons taken from the 2013 bushfires will be translated into workable plans and actions.

    *"In general, the Blue Mountains community (including residents) needs to have **significantly** more opportunities for input and direct involvement in terms of disaster preparedness; but also any planning processes related to community recovery and renewal. There needs to be less of a "top down" approach to rolling out disaster recovery programs and more consultation with <u>service users</u> – any evaluations of recovery operations and future planning needs to prioritise inclusion of local residents. In addition, any processes of evaluation need to be regular and on-going."*

    ♦   Another - parallel - avenue is a structured roll out of small community forums, or structured Community Conversations, in the impacted areas of the LGA. The forums

would ask for residents' feedback and evaluation of recovery operations on an ongoing basis. This feedback would be analysed and integrated into future recovery planning processes (short, medium and long-term).

"The forums may also provide an opportunity to identify 'informal' local leaders (within streets, neighbourhoods, blocks), who can then be 'recruited' and supported to provide a grass-roots communications conduit and feedback loop between households and the recovery committee and broader recovery system."

Recommendation 22: That BMCC ensure an opportunity for genuine community and services feedback by organising, as part of the recovery process:
1) **a 'Lessons Learned' Conference (**perhaps in conjunction with the proposed annual Build Expo.)**; and**
2) **a structured roll out of small community forums in the impacted areas of the LGA.**

8. **Wellbeing Sub-committee is also unanimous in proposing that a resourced (i.e. funded) 'Renewal' Project should again follow any future major event in the Blue Mountains – based on the direct correlation between community connections and resilience**. The research around the value of exercise in improving both mental and physical health, of creativity and classes/groups in re-connecting community members, or art therapy for adults and children following trauma, is unequivocal.

Recommendation 23: That BMCC engage in discussions with relevant State Government agencies (such as MPES) to include a funded 'Renewal' project in Category C for any future emergencies. In addition, Category C to include capacity to fund recovery workers/resources directly into the community sector, such as Neighbourhood or Community Centres, and not simply via grants for projects – Recovery work is additional to their normal funded role.

9. In the original application to the Commonwealth Government Department of Health (November 2013) for **ATAPS Extreme Climatic Events Counselling**, Nepean-Blue Mountains Medicare Local (NBMML) applied for funding for a minimum of 2 years. At that time, the Department of Health could not commit funds past the funding period to June 2014. NBMML supplied additional information in July 2014 to request the utilisation of unspent funds from other ATAPS services - which was granted. No additional funding was provided until underspend in the other services was exhausted (Feb/Mar 2015). Unfortunately there was a delay in the response to the request for additional funds (additional funding was eventually received in May 2015).

Recommendation 24: That, once an Emergency is declared and NDRRA arrangements triggered, the administrator of the funds for the ATAPS Emergency Bushfire Service (this was Nepean-Blue Mountains Medicare Local in 2014-15) **request from the funding body (Commonwealth Department of Health) that funds be committed and available for emergency/bushfire impacted residents for a period of time appropriate for the recovery period e.g. at least 2 years as recommended by recovery experts. In this way the service can be planned ahead and the community has security in the knowledge that the service will be available.**

PART D - COMMUNICATIONS

WHAT DO WE BELIEVE WAS EFFECTIVE?

1. **Having the Wellbeing Sub-Committee up and running in a short timeframe was a positive; it brought together key agencies and helped to link up, develop strategies, and coordinate plans and activities**.

2. **Gateway Family Services' capability to reconfigure its entire family work/counselling team structure to enable *Step by Step* to assemble a team within a week was a definite positive; as was Platform Youth Services' capacity to reconfigure its organisational structure to second one of their workers to the *Step by Step*** team.

3. **The series of community focus groups** (undertaken by MPES consultant, as a part of the Evaluation of Recovery Phase 1), **were well attended and provided an opportunity for affected households to get together, have their say, and have access to relevant information**.

   Recommendation 25: Community Focus Groups/Community Conversations should provide an ongoing means via which the community continues to have a voice in the evaluation of the Recovery process and forward planning for renewal. These focus groups/Conversations could continue to be rolled out (in varying formats and venues) at regular intervals to provide an ongoing feedback loop between Local Council/Services/Agencies and the community they serve.

4. **Overall**, despite some difficulties with mobile networks being overloaded etc, **use of social media to disseminate information worked well**. Emergency notifications on mobile phones also worked well in the Upper Mountains.

   "The Firewatch Facebook site was kept up to date with information (including by local RFS volunteers) and people were accessing this, as emergency services were very busy and not able to place current information on Facebook straight away."

   "We established a strong social media presence in the first days after the fires and this served us well. In particular, we linked into a Facebook page that was created by a local resident who was posting helpful information for fire affected people and their families and friends. Through posting to this page we were able to connect with a larger group of people than we had met face-to-face. We made connections not just with those directly affected by the fires but also with those supporting them, using their word of mouth access to those in need. These networks are how we have continued to communicate."

WHAT DO WE BELIEVE COULD BE IMPROVED NEXT TIME?

1. **The essential divergence of focus and priority between the Command and Control specialists and the Psychosocial specialists was also unfortunately made manifest in the area of communication.**

2. This illustrated that mutual respect between experts in their respective fields is essential for the machinery of recovery, and for effective communications to and from the affected community. Red Cross offers excellent 'Communicating in Recovery' training which might be of benefit to roll-out, on a proactive basis, to all agency staff likely to be involved in any future Recovery effort.

3. **Communication was not simple for** **agencies or for the community during the fires. The public meetings that were held were extremely well-attended, and showed that social media is an effective mechanism for drawing people out. If not conducted effectively, however, the end result can be unnecessary fear and confusion as people (with diminished capacity to absorb information, in an environment of information overload) can take on very different messages from those intended. There are some lessons to be learned around holding of public meetings, to avoid events which can inadvertently escalate anger, frustration or anxiety in affected residents.**

   ♦ For example, the security detail present at some public meetings created an unwelcoming atmosphere for people in distress/hardship; and could give the unfortunate impression that community discord is expected to occur at the meeting.

   ♦ Another instance was the perception of promotion of one charity group over others; also the ethical/privacy issues raised by the activities of a particular charity group.

4. It is recommended that the most effective approach is to involve the Wellbeing Sub-committee for advice and assistance before planning public events.

5. It is also recommended that the lead facilitator of large community briefing events should not be the same person(s) responsible for responding to community questions/issues. The challenge for any politicians leading such forums is that the community can hold high expectations of response, and the politicians themselves feel they need to respond/make promises in their political capacity to represent the community (especially if they come 'under attack' from frustrated residents) which they may not be in a position to deliver. In future events, it is recommended that an independent (and clearly 'neutral') facilitator is engaged to lead/act as MC, and politicians are present purely as observers/elected representatives.

6. **Communications blockages were a critical barrier to the work of Wellbeing – particularly in disseminating 'good news stories', advertising community connections activities in fire-affected areas, and the work more broadly of Wellbeing members and the community services network on-the-ground to the fire-affected and the broader public.**

   "Although the Recovery Newsletter is a great idea in essence, the practical application of providing information from services was hindered by the political nature of Recovery at the time. The Salvation Army submitted information to Recovery Communications on a regular basis; however, no information regarding any Salvation Army assistance or event was included. There appeared to be a blanket disregard of services offered by The Salvation Army. This can been seen in all of the early Recovery Newsletters when The Salvation Army was not listed as being available at the Recovery Centre, even though we were there offering assistance from the beginning.

At the same time, misinformation was published, particularly regarding "Landscaping Grants", without the knowledge or approval of The Salvation Army. That information, once released publicly, was very hard to retract and caused significant problems, as landscaping in the first few months after a major bushfire is not practical or a priority. We are still dealing with the communications 'fallout' in regards to this "Grant". Even in early August 2014 a Step By Step *case worker had a client in the office, and called me to ask if they could come in and still get the "landscaping grant".*

Recommendation 26: Improved public meeting protocols and codes of ethics are essential:
- ♦ **MPES Guidelines and protocols should form the basis of any proposed public meetings;**
- ♦ **a neutral third party who is trained in the area of facilitating meetings/forums (in highly-charged emotional environments) should be tasked with the role of MC/facilitator;**
- ♦ **any public meetings need a clear Agenda and purpose articulated beforehand;**
- ♦ **any public meetings need to ensure that the meeting program, the proposed attendees (target audience), and the services present, are developed in close consultation with Wellbeing to ensure the psychosocial needs of the community are met; and that the messages are appropriate to their stage of recovery, and 'pitched' so that the community can hear them clearly and avoid confusion.**

Recommendation 27: Red Cross *Communicating in Recovery* training is accessed by agencies responsible for sharing information and communicating key messages to affected communities.

7. **Unfortunately, though a potentially useful document in apprising the community services sector about Wellbeing initiatives, the Wellbeing Action Plan was not initially allowed in the public domain** as it was an MPES-owned document with detailed Recovery Centre data included.

Recommendation 28: Utilise the Wellbeing Action Plan (with only aggregated Recovery Centre data) as a template for reports which can be made available (including to community sector, Disaster Welfare, government agencies, etc) so all involved in Recovery can see what is happening, and where their activities fit, and to allow better coordination/avoid duplication of services.
- o **Also, a summary Wellbeing report should be made available to the general public/emergency-affected, via the Recovery Newsletter/Website.**

8. **Emergency notifications on mobile phones did work well in the Upper Mountains. However in the initial stage of the disaster in the fire-affected areas of the Lower Mountains, many people had limited communication in the first few hours of the bushfire** due to no power (which means no internet, and no mobile phone service at home). In addition, mobile networks were overloaded; so many residents received their SMS alert late (eg 3am the next morning) or not at all. This is inevitable in an emergency of this scale, and alternate comms channels are needed.

"The Disaster Alerts via SMS, while an excellent concept, didn't work very well. They were sporadic and some arrived hours late. Some people didn't get them, some people received some, and others got many."

"The RFS Facebook page was very helpful and updated regularly, and provided information on location of current danger and location of emergency services. Police activated well, and also used the resources of local officers in the areas of emergency and the 'out of town' Officers at road blocks. The local Police Officer relayed accurate information to 'Out of Town' officers at the road blocks."

9. **More informal local neighbourhood 'grapevine' communications also worked well** (eg HUFF in the Upper Mountains); as did Neighbourhood Centres as sources of information for concerned residents.

"RFS and Emergency Services Board in Winmalee Shopping Village was excellent. The maps and bulletins were good; and information tables that were staffed by the RFS were also very helpful".

Recommendation 29: In future emergency events, community sector organisations (such as Neighbourhood Centres, Family Support Services, Food Services, Community Transport) and broader community services (such as Community Health Centres, schools, libraries, village/town centre noticeboards, Centrelink offices, etc.) be utilised as essential contact points and provided with good, up-to-date information.

10. **Overall, there was a lack of reliable, coordinated media presence, in disseminating key messages around recovery and renewal for the first 7 or so months of the recovery**. There was also a long period of time - during the transition between state and local government responsibility for comms – of further difficulty in getting current information distributed. This was understandable in the circumstances, but needs to be avoided in future events by establishing templates, protocols etc, and utilising established infrastructure (eg Recovery website/Facebook page/Newsletter) – which can remain 'unpublished' between use.

11. **The lack of a centrally organised system for gathering and disseminating recovery information meant that information was sometimes inaccurate, contradictory and confusing**. **Some parts of the Recovery system did not know what other parts were doing or planning.**

"Information that came out via the initial Recovery Team was good, but difficult to get community information out via this forum; not a two-way avenue for communication distribution. Recommend procedures are put into place to ensure this happens in the future."

"Six months after the fires, some people had not received the information from Centrelink about relief payments, and were no longer eligible to apply".

Recommendation 30: A central coordinating body has core responsibilities for finding out the 'Who, What and When' of Recovery, checking credibility of information and sources, and setting up and strengthening new and existing communication networks, utilising one key conduit for communications (eg the Recovery Newsletter/Website). Recommend that all Recovery communications in the LGA be coordinated by Blue Mountains City Council, utilising the pre-established templates, key messaging, and communications channels already established.

Recommendation 31: Key messages need to include both:
- **practical issues** (clearance of blocks, dangerous tree lopping/removal, Recovery Centre services available) **and;**
- **key wellbeing/public health messaging around issues such as:**
  - **the role of *Step by Step*;**
  - **the stages of recovery, and that residents are experiencing normal reactions to an abnormal situation;**
  - **moving to the 'new normal';**
  - **the health impacts of long-term stress; including the concept of 'another brick' to carry;**
  - **an 'RUOK/Are You Alright' campaign, developed in conjunction with Wellbeing, ready to roll-out).**

Recommendation 32: The Blue Mountains City Council Comms team to also provide links to:
- **"official" sources such as RFS and SES websites;**
- **existing community-based comms eg: 'BM Firewatch' & 'BM4U' Facebook pages; along with relevant local emergency services Facebook pages** (eg BMCC page to link to page of local RFS shed in the affected area(s))**;**
- **smartphone apps like *Emergency+*, *Fires Near Me*, the Australian Early Warning Network *EWN Alert*, etc);**

12. **Meeting the needs of vulnerable members of the community needs to have a continued specific focus and direction for the future; we cannot assume that everyone has access to a computer/smartphone** (*"about 40% of about 130 people interviewed claimed that they did not own a computer; in these cases they received information by word-of-mouth"*).

Recommendation 33: Alternate (non-internet based) comms channels are also required, such as:
- **mailing the Recovery Newsletter & other communications to those who requested this;**
- **BMCC take out a half page in the *Gazette* and publish ongoing projects on a regular (monthly?) basis; also, communication via the *Gazette* in relation to services and resources available for emergency-affected people; and**
- **having them printed and available at local shopping centres/libraries/Neighbourhood Centres, etc. in affected areas);**
- **ensure the Recovery Page of the BMCC website is easy to navigate,** particularly for those who may have limited experience with internet searches, etc.

"We are still trying to make contact with some fire-affected former residents - who moved out-of-area immediately after the fires - to offer them supports and grant monies they are eligible for. We are gradually whittling the number down; but when we do finally manage to contact them, most say they have not received the Recovery Newsletter, have had no contact with former neighbours, and feel isolated from their former community."

"Some residents found that although they registered, they never received a Recovery Newsletter."

Recommendation 34: To facilitate this, intake/Registration Forms at Evacuation and Recovery Centres need to be re-designed to ensure that there are sufficient alternate addresses, email and mobile contacts to (if they desire) retain contact with any emergency-affected households who might need to re-locate.

PART E - DONATED GOODS & SERVICES
(Recommendations from Donated Goods & Services Sub-Committee Chair, endorsed by Wellbeing)

1. **The generosity of our fellow Australians** in response to disasters and emergencies is well-established. In the case of the October 2013 fires it **was, almost literally, overwhelming**. This was particularly true in the case of donated goods, as there were no warehouses in the Mountains capable of dealing with such a deluge of clothing, food, manchester, kitchen goods, etc.

Charities and Disaster Welfare Services (DWS) were required to divert thousands of valuable volunteer hours into sorting and storing (and unfortunately, in most cases disposing of) mountains of unwanted, second-hand goods.

"Our experience was all those items were placed in a hall until such time it was needed and then moved to volunteer's garage, as the hall was required. It then becomes necessary to assign a resource, to maintain the donated goods, which could be used more efficiently elsewhere."

"Some people cooked home cooked meals and wanted to drop them off somewhere for families to have. Freezer space was limited, ingredients in the meals was often not listed, and impacted people often had no kitchen appliances to reheat them anyway."

"People from a restaurant in Sydney brought a van load of food, cooked and packaged, but there was nowhere to receive the food. They had to take it away again."

"People donated many items that were needed in the first few days (toothpaste, soap etc) but then impacted people wanted to purchase their own as time went on. Such large amounts were donated that storage had to be found for these items as well.

"Schools (and, in particular, school office staff) were burdened by the offer of donations and the management of a variety of goods being delivered directly to the schools. For several weeks school offices looked like they were setting up for garage sales. The emotional impact of this was that the office staff were the front line receiver of goods from generous, well-meaning people; but often they were unwanted. Distributing, sorting and disposing of them created more work and was taxing, as they had to appear gracious to the donor. Students were also being asked to have photos taken of them receiving gifts from a wide range of donors, and it was important to protect the wellbeing of these students too.

It would be very useful if a centralized donation centre could be established (by DEC?) and a staff member be employed to manage it, to take the phone calls, receive the goods and distribute donations away from the site of the disaster."

The view of both Donated Goods & Services and Wellbeing Sub-committees is that the preferred option would be to provide emergency-affected households with cash cards or grants which they could spend on the items they have themselves identified as needed. This would have several benefits:
   o   reducing the diversion of staff and volunteers into dealing with the overload;
   o   giving a sense of 'agency' back to people who may have lost everything;

o contributing to the recovery of the local economy by encouraging purchase of goods locally.

Recommendation 35: Wellbeing to establish Guidelines for donated goods: 'Fit for Purpose' criteria, eg:

- ♦ **NO second-hand toiletries or underwear**
- ♦ **NO home-cooked meals (for food safety reasons)**
- ♦ *At least* **3 months before expiry date on foodstuffs.**

Recommendation 36: BMCC to establish a 'shelf' Mayoral Appeal which can be activated immediately following an emergency.

Recommendation 37: BMCC communications team to develop a series of key messages around donations in the event of an emergency along the lines of: "Send no goods, send money", accompanied by details of the Mayoral Appeal. This message to be spread as widely as possible as instantly as possible; via all possible media, including :

- o **BMCC website/Facebook**
- o **BM** *Gazette*
- o **ABC 702** (emergency broadcaster)
- o **other media outlets**
- o **RFS websites/Facebook pages.**

Recommendation 38: To this end, BMCC communications team to develop proactive relationships with major media outlets which agree to publicise key messages and details of the Mayoral Appeal in the event of an emergency (as has worked well in the case of the recent earthquakes in Nepal).

2. **Funds raised or sourced for recovery (eg various Appeals), generally have 'strings attached' (can only be distributed to certain eligible persons/households, can only be expended for certain purposes, etc). A source of discretionary funds is necessary as the work in recovery is a constantly-changing landscape, and needs to be adaptive (similar to the Flexible Community Grants through NDRRA Category C funding for community recovery projects) to meet the needs of affected households which may not meet other criteria.**

3. **The capacity of most agencies and services to work collaboratively to share resources, information and get the foods and services to the community was excellent. However, there were significant areas of overlap/duplication, and some organisations (particularly DWS/charities from out-of-area) seemed to be operating 'in a vacuum'.** There was also significant frustration amongst fire-affected householders who were not able to access emergency or medium-term needs (because they had not been donated to a particular agency, or an agency required them to *"jump through all these extra hoops"* to access the goods).

> *"We (a state charity) found that we kept falling off communication databases and also meeting invites. This is because we are small and could not easily spare people to attend meetings, and also possibly because we were unknown. Because we changed what we were providing fairly quickly in response to the needs of people we were working with, what we were offering was hard to provide in a way that stayed up to date."*

[We need to] "identify all possible service providers, charities, service organisations and identify what they are able to 'bring to the table' to assist when future emergencies occur".

Recommendation 39: **Establish a listing of facilities and personnel/charities that can be utilised in emergency situations** (possibly attach as an active document to the Local Emergency Plan?).

Recommendation 40: **Consideration be given by BMCC to the possibility of a centralised sorting and donation point.**

Recommendation 41: The FAQs document format (developed by DG&S Sub-committee, outlining what was available from which agency and how to access this) be retained as a template for future emergencies, to avoid the several week delay in advising households and local services.

Recommendation 42: (Since most of the participating organisations were also members of Wellbeing) Donated Goods & Services be re-configured as one of the working groups of Wellbeing in any future emergency, rather than established as a separate Sub-committee.

PART F - SUPPORTING THE SUPPORTERS

1. **The drain on individuals, and (especially small to micro-) teams/organisations, involved in psychosocial recovery is ongoing; and generally unsupported and under-recognised.**

At the coal face you need to rest before you are exhausted. If exhausted, your ability to recoup energy is less. Otherwise, the first third of leave is spent having migraines or the flu etc., and is wasted. The intuitive sense is to take leave when you are exhausted. If you get to -10 in terms of energy and take leave you get back to 0, but as soon as you are working again you are already eating up your reserves. If you take leave before exhaustion, say at -5 and get to +5, then you have at least built up some reserves. [Dr Rob Gordon]

Dedicate as much time to your own recovery as you do to others'. [Anon – Kinglake Ranges]

Most community sector organisations – and even the Department of Education School Counsellors - had **no** additional funding available for, or capacity to, back-fill positions. Most workers in recovery continue to undertake the equivalent of up to an extra full-time role in addition to their 'day job'; those exposed to years of vicarious trauma often have no access to funded professional supervision or de-brief with qualified specialist counsellors, and are themselves at risk of Post-Traumatic Stress Disorder (PTSD). The clear message from the Supporting the Supporters work undertaken by Jolie Wills[8] is that it is essential for funding bodies to adequately resource responding organisations to support their personnel: *"Fund long-term, sustainable recovery initiatives, recognising community building and complexity, not just tangible quick-wins. Long term funding ensures recovery is sustainable and meaningful, but also reduces the burden of multiple re-applications, lessens the stress and anxiety of role uncertainty and encourages more sustainable pace-setting for the long term than do short-term contracts. It also recognises the long-term nature of recovery and ameliorates the phenomenon of funding saturation in the early post-disaster days, followed by scarcity from year three onwards when post-disaster needs continue and exhaustion is commonplace."*
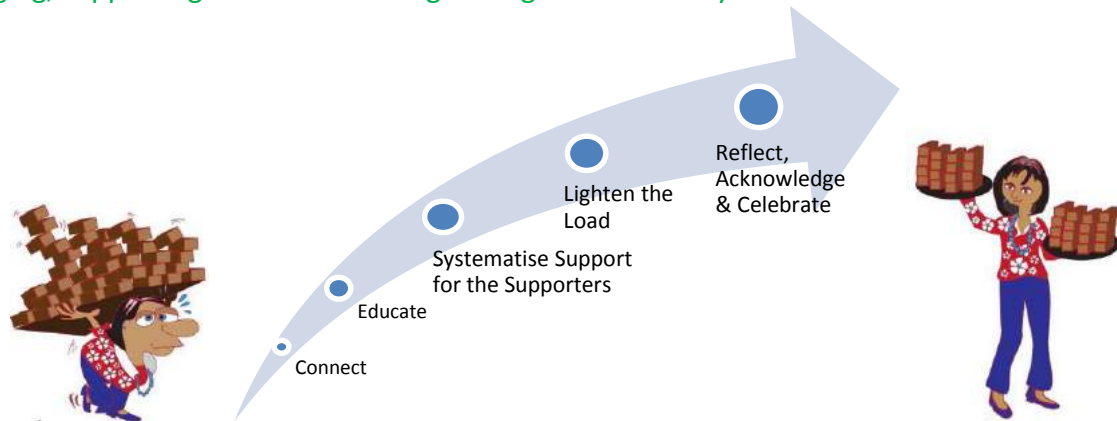
Workers in recovery, along with affected residents, experience cumulative stress – this is especially true if the recovery workers also live and work in the affected area. Professional supervision (or professional debrief) is a framework which supports frontline workers (such as counsellors, social workers, psychologists) by providing an assigned number of hours with a qualified 'supervisor' (psychologist) to support that worker with strategies and the ability to de-brief from challenging situations. However, many of the workers involved in recovery did not, and still do not, have access to this support. Their work in recovery is likely to last for several years, and is almost always 'above and beyond' the inherent requirements of their job; and 'compassionate burn-out' can take a hidden toll on personal and family wellbeing.

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[8] NZ Red Cross:
- *Recovery Matters, a training guide for psychosocial support in recovery*: preparecenter.org/resources/psychosocial-recovery-training-toolkit;
- McNaughton, E., Wills, J., & Lallemant, D. *Leading in Disaster Recovery – A Companion Through the Chaos,* NZ Red Cross: preparecenter.org/resources/leading-in-disaster-recovery;
- Wills, J. *Supporting the Supporters*: supportingthesupporters.org.

Strategies like offering Employee Assistance Program (EAP) services (unfortunately, only available to public sector workers) and mentors to recovery workers should be identified and publicised amongst workers at the outset of recovery operations. Unfortunately, NGOs receive no additional funding to assist in this way; however, this framework of support could potentially form part of a Category C NDRRA or other grant application.

We highly commend the work of NZ Red Cross in developing simple messages and tools for those managing, supporting others or working in long-term recovery[9]:

Reflect,
Acknowledge
& Celebrate

Lighten the
Load

Systematise Support
for the Supporters

Educate

Connect

Unless the supporters are themselves supported, and exercise systematic self-care strategies, their ability to effectively serve their community – especially in the long-term – will be compromised. Ideally, if we consider the disaster cycle, we should include team support right at the beginning in planning and practicing for disasters before they occur.

Part of Wellbeing's *Lessons Learned* from the ongoing recovery from the 2013 bushfires is that while the community services in the BM were already well-connected, and have become even better-connected and more collaborative as a result of this experience, we were not very focussed on formalising the key messages of good staff management and self-care to workers/volunteers at the 'coal face' and their Boards/Management. Nor did we systematise the support offered to the supporters in a coherent way.

Recommendation 43: MCRN makes available the *Supporting the Supporters* and *Leading in Recovery* materials to all BM community sector Boards and Management Committees, and encourages the inclusion of these materials in organisational emergency planning - including specific triggers and strategies to support workers/volunteers involved in recovery.

Recommendation 44: MPES advocate with relevant State/Federal funding agencies, and through NDRRA arrangements, for inclusion of funding - to be triggered in the event of a significant emergency - to support community services to support their workers and volunteers during recovery.

NZ Red Cross:
- *Recovery Matters, a training guide for psychosocial support in recovery*: preparecenter.org/resources/psychosocial-recovery-training-toolkit;
- McNaughton, E., Wills, J., & Lallemant, D. *Leading in Disaster Recovery – A Companion Through the Chaos,* NZ Red Cross: preparecenter.org/resources/leading-in-disaster-recovery;
- Wills, J. *Supporting the Supporters*: supportingthesupporters.org.

Recommendation 45: Wellbeing develop a set of suggested strategies and practical support, based on feedback from workers currently involved in recovery. Acknowledgements as simple as a bunch of flowers, a free massage, or a 'Thank You' box of chocolates, can make a world of difference to those immersed in the difficult day-to-day.

Recommendation 46: MPES advocates with relevant State Government agencies – such as Department of Education, on behalf of School Counsellors - which do not currently have arrangements for additional support (eg back-fill, professional supervision/debrief) to be included in their emergency plans – using NSW Department of Health as a model.

CONCLUSION

This report has aimed to demonstrate the value of psychosocial recovery and the successes and learnings of recovery processes used and their effects. The case studies and recommendations are a result of the collective efforts of the Wellbeing Sub-committee members. However, there are so many individuals and organisations involved in wellbeing aspects of recovery it is impossible to acknowledge them all here. With this level of involvement, the importance of coordination and dissemination of information is clearly evident, and is a process which will always entail a commitment to continual improvement and local participation.

The Wellbeing Sub-committee appreciate that making improvements will take resources and time. We hope that all levels of government will come to appreciate that investment in these matters will go a long way to reducing the psychosocial effects on those recovering from emergencies/disasters.

Furthermore, we hope that implementers of the report's recommendations recognise the resource and experience gained by the Wellbeing Sub-committee when planning future preparedness activities. **From this extensive report, we conclude the following key priorities for the future:**

- **Engage the Wellbeing Sub-committee in all public communications and events to affected residents – keep messaging clear, simple and consistent.**
- **Value local organisations and the community's resilience.**
- **Ensure that recovery coordination plans are followed, and minimise political involvement.**
- **Invest in developing systems solutions for management of client registrations, communications portals, and establishment of committees and worker support frameworks.**
- **Manage donated goods and services messaging.**

One final note from the Wellbeing Sub-committee is to acknowledge and appreciate the efforts of governments at all levels, and of the wider community, who have been extremely generous in supporting affected residents.

INDEX OF RECOMMENDATIONS

GLOSSARY OF TERMS

ADRA	Adventist Development & Relief Agency
ATAPS	Access to Allied Professional Services, such as counsellors/psychologists – in the case of ATAPS Extreme Climatic Conditions, provides access to additional sessions for emergency-affected residents
BM	Blue Mountains
BMCC	Blue Mountains City Council (local Council); under EMPLAN, Local Councils play a key role in managing local recovery, providing services and assistance to the community and advice to State Government
Category C	Funding (for economic and community/social recovery) as part of Recovery Arrangements agreed under the NDRRA
Combat Agency	The agency identified in EMPLAN as the agency primarily responsible for controlling the response to a particular emergency
Command & Control Agencies	*Command* in EMPLAN refers to the direction of members and resources of an agency/organisation in the performance of the agency / organisation's roles and tasks. Authority to command is established by legislation or by agreement with the agency/organisation. Command relates to agencies/organisations only, and operates vertically within the agency/organisation. *Control* refers to the overall direction of the activities, agencies or individuals concerned. Control operates horizontally across all agencies/organisations, functions and individuals; situations are controlled
Community Development approach	A strengths-based approach (utilising strengths within ourselves/our community) as the basis of recovery and building resilience against future challenges
Community-led	Successful recovery is responsive and flexible, engaging communities, and empowering them to move forward (*see also strengths-based approach*)
Community Sector	Non-government, community-based, welfare organisations established to improve wellbeing in the local community
Community services	A broad combination of government agencies (such as Departments of Health, Family & Communities, Education), charities, and local community sector organisations charged with improving the welfare of community members

DET/DEC	NSW Department of Education & Training/Department of Education & Communities/Department of Education
DWS/Welfare Services	(Disaster) Welfare Services, MPES. Welfare services are those provided to assist in the relief of personal hardship and distress to individuals, families and communities by meeting the immediate needs of disaster-affected people - these services may include food, clothing and shelter

Emergency	Means an emergency due to an actual or imminent occurrence (such as fire, flood, storm, earthquake, explosion, terrorist act, accident, epidemic or warlike action) which:
	    a. endangers, or threatens to endanger, the safety or health of persons or animals; or
	    b. destroys or damages, or threatens to destroy or damage, any property, being an emergency which requires a significant and co-ordinated response

EMPLAN	NSW State Emergency Management Plan, to ensure the coordinated response to emergencies by all agencies having responsibilities and functions in emergencies
Evacuation Centre	Evacuation Centres provide a place of temporary refuge for people evacuated from homes in the vicinity of the disaster (and provide immediate basic needs such as food, clothing, blankets, accommodation and personal support, as well as financial and other immediate assistance). Following some disasters, the NSW Government will also establish Recovery Centres to help affected communities rebuild
FACS	NSW Department of Family & Community Services
Flexible Community Grants	A first-time utilisation for the BM of Category C funding for recovery, which utilised a grant-based system to encourage locally-based initiatives to assess needs of local residents (in either economic or psychosocial recovery) and enable community-led, project-based, responses
Gazette	*Blue Mountains Gazette*, local paper, published by Rural Press
GWH	Great Western Highway; the city of the Blue Mountains encompasses some 27 separate villages/towns strung "like pearls" 100kms along the top of a ridge between the Grose and Nepean rivers – the Highway (and the rail line which parallels it) is essentially the only means of egress/exit
Interagencies	Regular meetings of representatives from the broad community services sector in the LGA, which aim to build networks, coordinate service delivery, identify gaps/needs and utilise scarce resources to

best advantage the local community. These can be generalist in nature (in the case of Blue Mountains Community Interagency); OR 'topic-based' meetings focussing on specific issues in the local community (eg housing affordability, mental health & wellbeing, family & domestic violence, issues affecting residents from CALD backgrounds)

LEMC	Local Emergency Management Committee for each local government area is responsible for carrying out the preparation of plans in relation to the prevention of, preparation for, response to and recovery from emergencies in the LGA (noting the responsibility for planning by Combat Agencies).
LEMO	Local Emergency Management Officer
Local EMPLAN	Local Emergency Management Plan, a sub-set of the State Emergency Plan (EMPLAN) relevant to each NSW Local Government Area
LEOCON	Local Emergency Operations Controller, means a Police Officer appointed by the Region Emergency Operations Controller as the Local Emergency Operations Controller for the Local Government Area
MCRN	Mountains Community Resource Network, the peak body for the Community Sector in the Blue Mountains
NBMLHD	Nepean-Blue Mountains Local Health District, NSW Dept. of Health
NBMML	Nepean-Blue Mountains Medicare Local (from July 2015, NBM PHN or Wentworth Healthcare)
NDRRA	National Disaster Relief & Recovery Arrangements - Australian Government provides funding through the NDRRA to help pay for natural disaster relief and recovery costs based on the terms and conditions in the NDRRA Determination 2007
Neighbourhood Centre	The Blue Mountains LGA has seven (one 'mobile' or outreach) Neighbourhood Centres. Neighbourhood Houses or Centres are not-for-profit, community organisations, all of which share a community development and socially inclusive approach to the delivery and provision of services and activities for socially isolated and disadvantaged local communities.
	Neighbourhood Centres provide a diverse and constantly evolving range of positive social, health, educational and economic outcomes for individuals, families and communities, particularly for those experiencing disadvantage

NGOs	Non-Government Organisations
OOSH	Out-Of-School-Hours services
MPES	The then NSW Ministry of Police & Emergency Services - provides operational support to the State Emergency Recovery Controller and State Emergency Operations Controller during emergency response and recovery respectively, particularly operational support to local, region and state level recovery committees. It also provides policy, administrative and operational support to the State Emergency Management Committee and its various Functional Area committees, along with the State Rescue Board and its sub-committees
Psychosocial recovery	Natural recovery processes enable most people to resolve their psychosocial distress (such as increased anxiety) without formal mental health intervention. Informal support networks in the community are the most valuable resources to support people at this time (extended family, close friends, teachers, clergy, GPs, informal community leaders).
	Recovery involves not only processing the personal meaning of the event but the interplay of personal risk and protective factors (such as coping skills, self-esteem, and resilience) and environmental risk and protective factors (such as family, kinship, support network, gender, socioeconomic resources).
	Adjustment entails accepting the event and its impacts and accessing instrumental and emotional support, especially the opportunity to talk over feelings with others who have shared the same experience. This is a natural healing method that helps people accept what has happened. Coming to terms with trauma and disaster is a normal process which everyone goes through to a greater or lesser degree and includes reflecting on the event and re-evaluating future goals.
	People can do this in their own mind, with neighbours, in community forums and in counselling. Evidence from domestic and international disasters consistently indicates that informal social networks and community connectedness is the most significant source of support to facilitate recovery and is therefore critical for effective recovery and building resilience against future challenges (see also Wellbeing Sub-committee's *Psychosocial Model*[10]).
PTSD	Post-Traumatic Stress Disorder - a condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock, typically involving disturbance of sleep and

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[10] Wellbeing Sub-committee's *Psychosocial Model of Recovery*

constant vivid recall of the experience, with dulled responses to others and to the outside world

Recovery Centre — Recovery centres are one-stop-shops, providing a single point of contact for information and assistance to disaster affected persons

Recovery Committee — The Recovery Committee is the strategic decision-making body for the recovery. It is formed when an impact assessment indicates that a formal recovery operation will be required

Recovery Coordinator — Recovery Coordinators may be appointed to be the public face of the recovery operation, providing guidance to the Local/Regional Recovery Committee; they also act as the conduit between the Local Recovery Committee, the community and the State Government

Response/Relief/Recovery — *Response* includes the process of combating an emergency i.e. actions to reduce the threat to life, property and the environment following the onset of an emergency, and of providing immediate relief for persons affected by an emergency. *Relief* refers to the provision of immediate shelter, life support and human needs of persons affected by, or responding to, an emergency; it includes the establishment, management and provision of services to emergency relief or recovery centres. *Recovery* is the process of returning an affected community to its proper level of functioning after an emergency: "The coordinated process of supporting disaster affected communities in the reconstruction of the physical infrastructure and the restoration of emotional, social, economic and physical wellbeing" (Source: Australian Emergency Manual, Disaster Recovery EMA 2004).

Resilience — Resilient communities are better able to withstand a crisis event and have an enhanced ability to recover from residual impacts

RFS — NSW Rural Fire Service, predominantly volunteer firefighters

Step by Step (SBS) — *Step by Step* Bushfire Recovery Service, established by MPES to assist household and community recovery

Wellbeing Sub-Committee — Sub-committee of the Recovery Committee, charged with leading the psychosocial recovery of the community members affected by emergencies

WELFAC — The Welfare Functional Area Coordinator; in the case of the Blue Mountains, a NSW FACS officer responsible for coordination of arrangements for the provision of welfare services during response to and recovery from emergencies