

RED CROSS BLUE MOUNTAINS RECOVERY PROGRAM EVALUATION

Final Report

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EXECUTIVE SUMMARY

This is the final Report of the evaluation of the Red Cross Blue Mountains Recovery Program that ran from late 2013 to December 2015. The overall aim of the Recovery Program has been to assist individuals and communities to cope with and manage the impact of the bush fires that occurred in the Blue Mountains, west of Sydney in New South Wales, during October 2013. The Program's specific objectives are that:

1. Individuals and communities impacted by the fires are supported to drive their own recovery;
2. Psychosocial recovery is recognised by target groups as critically important for recovery;
3. Appropriate recovery resources are disseminated and recovery training is provided for individuals, communities and community organisations.

The evaluation of this Program covers the process outputs (activities done and undertaken by the Recovery Project Officer, Blue Mountains and team) and longer term outcomes (observable change) of the Recovery Program.

Findings

It is clear from an analysis of all of the data reviewed that the Red Cross Recovery Program has played a valuable role in the recovery process for the community in the Blue Mountains and has been successful in meeting its Program objectives, it has:

- Supported individuals and communities impacted by the fires to drive their own recovery;
- Ensured that psychosocial recovery is recognised by target groups as critically important for recovery; and
- Disseminated and provided appropriate recovery resources and recovery training for individuals, communities and community organisations¹.

It has also been successful against the anticipated outcomes as set out in the summary of outcomes and indicators from the Program Logic (see Attachment 1)². The theory of change, that the application of 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, has been confirmed through the findings.

The Red Cross Recovery Program brought considerable value to its partnerships. Partners particularly valued being 'listened to' by Red Cross, rather than having an 'agenda' imposed upon them. In addition to providing information, expertise in recovery and recovery resources the Program team worked closely with partners to identify where there were specific groups or areas of recovery or preparedness need that could be addressed. Working together with partners Red Cross was then able to develop viable and effective solutions in response i.e. the work with partners that targeted the preparedness needs of Children's Service providers.³ This approach, of listening to the community and allowing the community to determine their recovery priorities, is a central objective of the Program and

¹ See Attachment 1 Program Logic Model Mapping of Outcomes.

² The Program Logic for this evaluation was a refinement of the overarching Red Cross Program Logic. The refinement was developed by the evaluators and key Red Cross staff at the initial evaluation workshop in July 2014 and included the identification of key indicators for recovery including increased connectedness, increased agency and increased wellbeing. See Attachment 1.

³ The work with Children's Service providers in the Blue Mountains has been a highly successful aspect of Program and is fully documented in detail in this report.

has been instrumental in enabling individuals and communities in the Blue Mountains to drive their own recovery⁴.

Partners also placed high value on the quality of Red Cross resources, the organisation's expertise in disaster recovery and the general approach of the team to program management. Over the two years of the Program Red Cross:

- distributed 5,507⁵ resources (2,765 in 2014 and 2,442 in 2015) to community groups, partner agencies and individuals,
- coordinated five rounds of Outreach across the fire affected areas, and
- delivered or facilitated 38 training sessions with 1,125 people attending.

All of these resources and outputs have increased the skills; capacity and knowledge of partner organisations in psychosocial recovery, the facilitation and collaborative work of the Project Officer also contributed to increased connectedness between partners and in some instances sustainable partnerships that will benefit long term recovery. Skills and ability were increased through specific programs such as Psychological First Aid and Communicating in Recovery. Connectedness between partner organisations and capacity to implement and lead programs that had a psychosocial recovery focus were both reported to have increased over the life of the Recovery Program. Increased connectedness and capacity were also evidenced by the establishment of new partnerships between organisations that had previously not worked together such as the Rural Fire Service (RFS) and Neighbourhood Centres and that now have, reportedly, sustainable relationships. Sustainable relationships are important as they allow partners to implement ongoing recovery and preparedness programs to the community following the cessation of the Red Cross Program.

There were a number of projects that were developed and supported by Red Cross that have led to positive outcomes for participants and ongoing relationships for the partners including:

- The Children's Services Workshop – Beyond the Emergency Assembly Point (BTEAP)
- Preparedness workshops for the Community – More than a Fire Plan, and
- The Pillowcase Project – a recovery and preparedness project for primary school aged children.⁶

Partners identified that these activities (such as resource distribution, partnership projects) were relevant to community needs and appropriate to the target audiences. Partners also valued the expertise of Red Cross in recovery and the international evidence base that underpinned the resources provided. The effectiveness of the Program was further enhanced by the perceived 'independence' of Red Cross within a fairly contested space. Partners highly valued the role the Red Cross team played in coordinating effort, creating links between partners, providing governance and facilitating new projects and positive relationships.

While community resilience, as measured by increased connectedness, increased agency and increased preparedness, increased over the timeframe of the Program attribution of impact directly to Red Cross is difficult especially in such a complex environment. It is possible to say that Red Cross Outreach gave residents the opportunity to be 'listened to' and that this assisted with the recovery process. Residents also valued Red Cross presence at the Evacuation Centre and the Springwood Recovery Centre. Red Cross was not seen by the

⁴ A participatory bottom up approach to community recovery requires recovery agencies and government to recognise and genuinely engage with community capacity. CRIS Facilitators Guide, Red Cross page 32

⁵ This does not include the distribution of resources by volunteers through Outreach, which included referrals to Step-by-Step and other service providers.

⁶ This is an indicative rather than exhaustive list of the partner projects that the team was involved in.

residents interviewed as being part of the preparedness process as this was seen as being driven by the Rural Fire Service (RFS) and Community Fire Units (CFU) or by the individuals themselves.

Where Red Cross had its biggest impact in relation to preparedness was through the development of specific projects with partner agencies. This included their work with RFS on multiple projects including the Children's Services workshop and the development of More than a Fire Plan. With the SES, NSW Fire and Rescue and the NSW Police in the further development and delivery of the Children's Service Planning for Emergencies workshop; with School Counsellors and senior school staff to support primary school aged children through the Pillowcase Project; with Mountains Community Resource Network (MCRN) and Neighbourhood Centres to customise and deliver the Children's Services workshop to community sector organisations and Mid Mountains Occasional Care Service (MMOCS) who they partnered with on extending the delivery of More than a Fire Plan and Meet you Street programs. These programs have all been ongoing in either the Blue Mountains or other fire affected locations in NSW.

No one factor can be identified as leading to the overall success of the Program as measured against its anticipated outcomes and indicators (see Attachment 1) however the following factors, when taken in combination, have contributed to the success of outcomes over time:

1. The length of the Program (two years) has allowed for greater success against all outcomes. It enabled time for early planning and engagement enabled time for projects to develop and flourish and also assisted the team with exit planning and sustainability. The second year of the Program saw:
 - Partnerships increase and deepen,
 - The coverage of the Program expand from the Blue Mountains LGA to Lithgow and Hawkesbury⁷,
 - Additional resources being offered to partners and the community,
 - Knowledge about psychosocial recovery and preparedness were transferred to other regions (Hunter and South Coast) and internationally (through presentation to a conference in the United States,
 - New project work developed,
 - Partners driving new projects and succeed in gaining funding and actively seek support from the Red Cross Recovery Team to do this work, and
 - Partners with little previous experience in psychosocial recovery (PSR) and those who were experienced in PSR feel more empowered and knowledgeable as a result of their longer-term partnership with Red Cross.
2. The co-location of the Recovery Project Officer with Blue Mountains City Council (BMCC) enabled the Project Officer to establish credibility and build effective networks. It supported her access to key stakeholders and generally increased the integration of the recovery effort. It was also important for the credibility of the Program that the Project Officer lived locally during the length of the project. Partners valued that the Project Officer had an awareness of local needs and issues by being a member, albeit a temporary one, of the community.
3. The early involvement of the Project Officer and team in various Recovery governance mechanisms including the Recovery Steering Committee, Wellbeing Working Group,

⁷ The Recovery Program focused most of its effort; particularly in the early stages of the program, on the local government area of the Blue Mountains; specifically the most fire affected areas of Winmalee, Springwood and Yellow Rock in the lower mountains and Mt Victoria in the upper mountains. Early contacts were made with Lithgow LGA and Hawkesbury LGA however these contacts were slower to develop. In the second year of the program the coverage was able to extend to these areas through a partnership with Hawkesbury Council and through work on preparedness with Lithgow Information and Neighbourhood Centre (LINC).

Chair of the Disaster Resilience and Preparedness Working Group, Household Preparedness Working Group and Blue Mountains Community Interagency gave the team a strategic overview and embedded Red Cross within the governance process for Recovery.

4. Taking a community development approach to recovery enabled the team to work with community partners effectively. The team has listened to the needs of the community and been able to target the Red Cross Recovery Program effort effectively to address the identified need. The community development approach also promotes a strengths-based approach to recovery, which is in line with the approach taken by many community partners. This shared strength-based approach further strengthened the ability of the Red Cross team to work well with like-minded partner agencies to achieve effective outcomes especially in working to support vulnerable communities⁸.
5. Facilitating relationships, building capacity in community service partners and supporting partners to identify and drive their recovery has led to longer-term sustainable outcomes.
6. Working with strong and committed partners that have complementary skills and expertise in a range of key recovery areas i.e. emergency service provision, local government, education and counselling and community service provision, share common desired outcomes and have a deep knowledge of and commitment to the community.
7. Understanding their partners and appreciating different organisational cultures and 'ways of doing things' has been important to longer-term success of the team. Not imposing a 'way of doing things' or expecting outcomes that were Red Cross driven was highlighted by partners as a particular strength of the Program.
8. An unintended positive outcome of the project has been the identification of the high level skills and knowledge of the Project Officer that have been vital to the success of Program objectives. The skills identified by partners included facilitation, verbal and written communication, organisational abilities and rapport building. The Miller Group's experience in evaluating programs that are funded for finite periods, such as two or three years, indicate that recruitment of the right candidate to these positions is vital to the success of these programs.
9. The Project Officer was well supported organisationally by excellent management, administration and coordination provided by the NSW/ACT Recovery Team has also increased effectiveness,
10. Access to high quality, well targeted and evidence based resources to meet community needs including access to expert presenters such as Dr Rob Gordon an eminent trauma recovery psychologist from Victoria and Jolie Wills a disaster recovery expert from New Zealand Red Cross. This access to credible expert advice and resources was the single most valued factor identified by partner organisations.
11. The organisational evaluation framework and the openness of the team culture to evaluation make it a very positive environment for reflection and program improvement.

⁸ A number of vulnerable communities or groups were identified through this project and they were targeted for specific recovery and preparedness work including Children's Service providers, primary school aged children, parents and carers with young pre-school aged children, the aged, people with a mental illness and the homeless. These groups were identified as being vulnerable in a bush fire emergency due to limited mobility, age or other disadvantaging factors.

Recommendations

Recovery Programs need to be nuanced to take into account the particular context of the disaster or emergency being responded to. No one community is the same with respect to recovery needs or community demographics however the Red Cross Blue Mountains Recovery Program offers the following learnings that can be considered in future recovery programs:

Timing

Given the length of time a community takes to recover fully ⁹ extending recovery work to two years acknowledges this fact and gives the recovery team the opportunity to embed responses that allow for: proper planning, the development of strong partnership networks, effective responses to community need and the expansion of the program over time including widening coverage.

Approach

The community development approach taken by the Program has been highly effective at building community led, rather than externally driven, recovery. Applying this approach leads to a better understanding of community need, enables the team to target programs and resources to meet this need and builds knowledge, skills and capacity of partner organisations in psychosocial recovery which has a longer term impact on community resilience and the sustainability of recovery work.

Location

Co-location of the Project Officer within the local Council is important for increased credibility, integration of outcomes, governance and networking. Employing a Project Officer who lives locally or relocates to the local area for the duration of the Program is also important for increased credibility, integration of outcomes, governance and networking.

Recruitment

Recruiting the right person with the right skill set to these temporary project roles is vital. Consideration should be given to the following in recruiting for recovery work: a capacity and commitment to work from a community development approach, expertise in recovery work, high level interpersonal and communication skills including excellent facilitation skills and the ability to establish and maintain effective partnerships.

Program outputs

The Children's Services Workshop Planning for Emergencies should be promoted and widely replicated in other locations and other sectors. Consideration could be given to Aged Care, Home Care, Schools and Disability Services.

Delivery of other successful partnership workshops to bush fire affected areas including The Pillowcase Project, More than a Fire Plan and Meet your Street should be resourced.

Finding ways to increase the number of residents that attended public workshops by Dr Rob Gordon would have a positive impact on recovery generally. This could be done through increased promotion, by increasing the number of workshops or by offering workshops in more localised areas which would make access easier.

Specific program improvements

'Supporting the supporters' work and resources, developed by Jolie Wills from NZ Red Cross, should commence as early as possible in the recovery process to ensure that people

⁹ 'Recovery starts immediately and takes a long time'. Community Recovery Information Series (CRIS) Facilitator Guide page 31 Australian Red Cross.

engaged in recovery work are able to maintain their own wellbeing and reduce the potential for 'burnout' and 'recovery fatigue'.

Outreach

Outreach plays a vital role in recovery work of partners and is effective in supporting community recovery and should be maintained as a core feature of recovery programs. Outreach data should continue to be made available to partner agencies as it provides valuable information that supports recovery program planning and offers partners direct insight into the community / resident recovery process.

Consideration should be given to ways of collecting data on the needs of young people and adolescents which was identified as a gap in the Outreach data. This could be done by expanding the Outreach methodology to collect this data or by building partnership with youth providers, schools, TAFE etc (as was the case in the Blue Mountains Recovery Program) to ensure that the needs of young people adolescents are well met in to the recovery process.

Opportunities for Outreach to be used as a mechanism by which other key recovery programs (i.e. Step by Step) are able to extend their reach across the community should be prioritised to increase the effectiveness of recovery work generally.

Outreach is a delivery mechanism for psychological first aid and as such provides residents not only with valuable information and links to services and also, perhaps most importantly, allows them to 'be listened to.' Outreach could be improved by timing the first Outreach event earlier in the recovery process (i.e. week two – week four) in an attempt to support residents with their early psychological recovery needs.

Where possible, the same volunteers should return to the same locations to build increased connectedness through the Outreach process as this was highly valued by residents.

Monitoring and evaluation

The Recovery team's consistent approach to monitoring their effort and outputs via the Recovery Database should be replicated by other recovery programs.

Capturing valid and reliable data on resident wellbeing and preparedness is difficult without considerable resource. The Children's Services Workshop monitoring and evaluation process for tracking behaviour change should be replicated as good practice. This 'to-do list' methodology could be used where residents attend PSR and preparedness workshops. Staff from partner agencies, such as BMCC, who live locally and attend PSR workshops, would also be a good source of feedback on the impact of Red Cross on community resilience.

Follow up evaluation should be conducted with Children's Services participants following the current fire season to determine the longer term impact of the workshop.

Using Outreach volunteers to gather evaluation data would be a sensible use of resource and could lead to an increase in data collected however to be effective and to ensure that any data collected was valid and reliable this strategy would require additional training of volunteers in basic evaluation techniques such as interviewing.

The value of printed resources and material should be more consistently monitored. A methodology should be established to gather feedback on the usefulness and value of Red Cross resources being used in particular contexts¹⁰, such as Occasional Care (mid mountains) and for isolated elderly people (Hawkesbury) through separate monitoring or evaluation processes.

¹⁰ An online survey was developed by the evaluators for use with staff in a Community Partner agency that was interviewed in 2015 when it was identified that a number of staff had used Red Cross resources in their workplace context with clients however there was a nil response to this survey.

DEFINITION OF TERMS

Psychosocial recovery (PSR)

Psychosocial recovery underpins Red Cross's approach to recovery. It reinforces the importance of a person's psychological response to disaster and highlights that the impacts on people are of equal importance to the impacts on the economic, built and natural environments.

Psychological first aid is the main tool that Red Cross uses to promote psychosocial recovery in communities affected by disaster. Psychological first aid is a 'humane, supportive response to a fellow human being who is suffering and who may need support'¹¹. Psychological first aid is an approach to helping people affected by an emergency, disaster or traumatic event. It includes basic principles of support to promote natural recovery. This involves helping people to feel safe, connected to others, calm and hopeful, access physical, emotional and social support, and feel able to help themselves¹². Psychological first aid aims to reduce initial distress, meet current needs, promote flexible coping and encourage adjustment.

Preparedness

Red Cross preparedness programs recognise the psychosocial impact of emergencies and encourage people to undertake activities that reduce the disruption an emergency causes to their lives. Being prepared for disasters both practically and emotionally reduces the time and stress that it takes to recover from an emergency. In all of its preparedness activities, Red Cross takes a non-hazard specific approach, acknowledging that hazard-specific information should always be delivered or informed by the relevant hazard management agency.

Resilience

Resilience is 'the capacity to bounce back after negative experiences and to cope with unknown situations'.

This definition was provided by the NSW ACT Recovery Coordinator and is taken from the Red Cross *Ways of Working* document. The definition was taken from the Australian Government's Social Inclusion Board (2009) *Building Inclusive and Resilient Communities*.

Theory of change

Theory of Change describes how and why a desired change is expected to happen in the context of a particular program, project or process. The theory of change maps what a program does - its activities or interventions - and how these lead to desired goals or objectives of the program, project or process.

Objectives

The objectives are the overarching aims or goals of the Program set by the Red Cross.

Outcomes

The outcomes are the measurable impacts of the program (the combined effort and activities of the Team) over the short and medium and longer term. Outcomes measure behaviour or structural changes that occur as a result of the program.

¹¹ The Sphere Project and the Inter-Agency Standing Committee.

¹² For more information see Hobfoll et al. 2007.

Outputs

Outputs are the activities of the Project Officer and team including the resources distributed. It is important to clarify that having 50 people attend a workshop is an output not an outcome. The outcome or impact of the workshop would be if the participants did something as a direct result of attendance at the workshop such as the outcomes measured as a result of the Children's Services Workshop.

Indicators

Indicators are identified that will enable outcomes to be measured for example increased resilience will be measured by an increase in connectedness, agency and preparedness.

INTRODUCTION

The report

This report is the final report of the evaluation of Red Cross Blue Mountains Recovery Program. It builds on the interim report (March 2015) however it synthesises all data collected and this has been structured around:

- the Program Logic Model, and
- the outcomes and indicators identified in the Evaluation Plan.

Key findings against the outcomes of the Program Logic are explained and understood using data gathered through interviews and evaluation work with the three main target groups:

- Partners,
- Residents, and
- Participants in the Children's Services Workshops.

Several sections of the report have been updated from the interim report including this introduction, the background to the program and the evaluation. Where data from the interim report has been particularly relevant to the overall findings it has been repeated in the body of this report.

The context

The context for this recovery work and evaluation is the Blue Mountains bush fires which, in October 2013, destroyed 210 homes damaged another 109 and displaced thousands of people across the Blue Mountains, Lithgow and Hawkesbury Local Government Areas. This included the two significant fires on Thursday 17 November known as the Mt York fire in Mount Victoria and the Linksview fire in Springwood, Winmalee and Yellow Rock that were responsible for the majority of the damage to property that occurred during the fire events.

In the Blue Mountains, the Linksview Road Fire severely impacted parts of the Springwood, Winmalee and Yellow Rock areas with substantial property losses occurring. 204 homes were completely destroyed, and 99 sustained significant damage.

The Mount York Fire impacted the north-western part of Mount Victoria where 7 homes were destroyed and 1 damaged. The State Mine Fire impacted the village of Mount Irvine, where 2 homes were destroyed.

The communities of Bell, Clarence, Dargan, Mt Tomah, Mt Irvine, Mt Wilson, Berambing, Bilpin and Mountain Lagoon received calls to evacuate and were isolated for a number of days. (Red Cross Outreach Report November 2015)

To support recovery in the community Red Cross employed a Recovery Project Officer supported by the NSW/ACT Recovery Coordinator and Administrator to deliver a two-year Recovery Program across the affected LGAs. The Project Officer was employed in January 2014 and completed work in late December 2015.

The evaluation team was contracted in June 2014 to January 2016 and has worked over the period to review the outputs, outcomes and impacts of the program.

Program aim

The overall aim of the Recovery Program is to assist individuals and communities to cope with and manage the impact of the fires – not limited to physical loss. The Program's specific objectives are that:

1. Individuals and communities impacted by the fires are supported to drive their own recovery;
2. Psychosocial recovery is recognised by target groups as critically important for recovery;
3. Appropriate recovery resources are disseminated and recovery training is provided for individuals, communities and community organisations.

Demography¹³

The Blue Mountains City covers an area of 1,432 square kilometres and had an estimated resident population in 2014 of 79,688 people, which is an increase of 507 on the previous year.

In 2011, Blue Mountains City scored 1,038.6 on the SEIFA index of disadvantage (a higher score on the index means a lower level of disadvantage). SEIFA measures the relative level of socio-economic disadvantage based on a range of Census characteristics. By way of comparison two LGA's with low 2011 SEIFA scores were Brewarrina with 788.4 and Central Darling with 824.4 while two with high SEIFA scores were Kurringai with 1,120.7 and Mosman with 1,110.7.¹⁴

As at the 2011 Census Blue Mountains City had:

- A similar age profile to that of NSW as a whole with 15.7% of people aged 65 years or over (NSW 14.7%) and 19.5% aged 0-14 years (NSW 19.3%).
- A lower proportion of residents born overseas (16.5%) compared to NSW (25.7%) and a lower proportion of people from non-English speaking backgrounds (6.2% compared to 18.6% for NSW).
- 5% of people who spoke a language other than English at home with most the common languages being German, Spanish, Italian, Greek, Dutch and French, although all in small numbers.
- A higher proportion of households in the medium to high income category compared to NSW.
- A greater proportion of people with bachelor or higher degrees (24.2%) than NSW (19.9%) and a lower proportion of people with no qualification (34.9%) compared to NSW (42.8%)
- Greater rates of home ownership and lower rates of private rental than NSW.
- 35,607 people who were employed, of which 59% worked full-time and 39% part-time.
- 4.9% unemployment compared to 5.7% for greater Sydney.

There is considerable variation between the socio-economic characteristics of residents of the lower and upper Blue Mountains as illustrated in Figure 1.¹⁵

¹³ Source: Blue Mountains City Community Profile at <http://profile.id.com.au/blue-mountains>

¹⁴ Source: <http://profile.id.com.au/blue-mountains/seifa-disadvantage>

¹⁵ Source: Blue Mountains City Council, Draft Resourcing Strategy July 2014, Part 2, City Context.

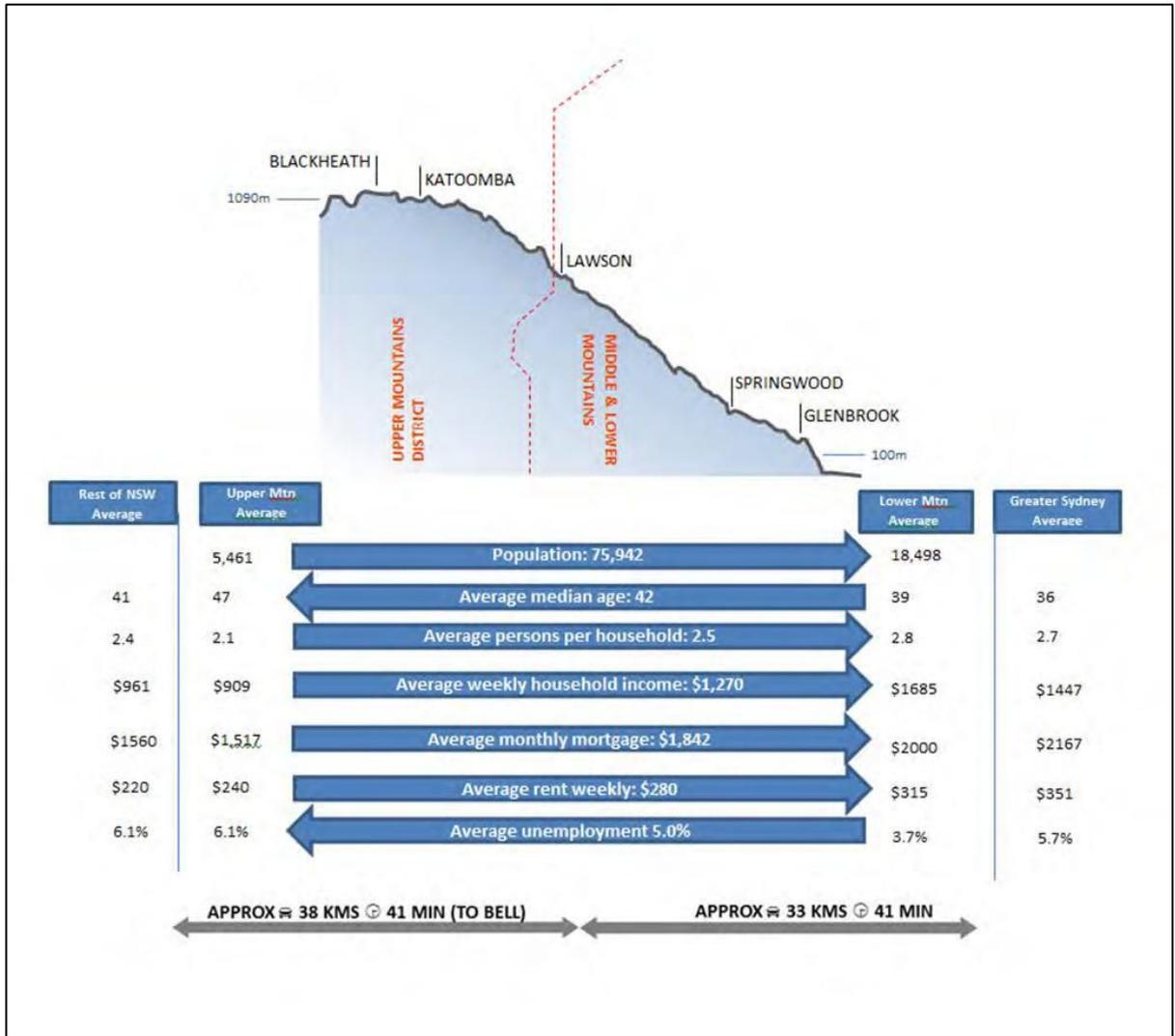


FIGURE 1: SOCIO-ECONOMIC COMPARISONS OF BLUE MOUNTAINS TO GREATER SYDNEY AND REST OF NSW 2011 (SOURCE: CENSUS 2011)

THE EVALUATION

Background

The evaluation team has worked with the Red Cross Blue Mountains Recovery Team since mid-2014 evaluating this program; both its processes and its outcomes. An evaluation plan was developed as a result of a workshop with key internal stakeholders. The Evaluation Plan was approved by the Recovery Evaluation Reference Group in August 2014.

The cornerstone of the evaluation is the use of a Program Logic model designed specifically around the Blue Mountains Recovery Program which was based upon the Red Cross IFRC Framework for Evaluation and the work of the evaluation workshop. At the evaluation workshop the team (Red Cross and Evaluators) interrogated the objectives of the Program and identified how successful achievement of the objectives of the Program would be articulated as outcomes and indicators. The outcomes identified at the Evaluation Workshop were:

1. The significance of psycho-social recovery is recognised by all key target groups,
2. The community has increased capacity to act effectively on their self-identified recovery goals including 'preparedness', and
3. Community resilience¹⁶ has been increased.

The Blue Mountains Recovery Program Program Logic was approved as part of the Evaluation Plan by the Recovery Evaluation Reference Group.¹⁷

The design of the evaluation reflects the relevant aspects of the IFRC Framework for Evaluation (2011) and in accordance with the 'professional and ethical standards delineated by the Australasian Evaluation Society (AES) and with respect to Red Cross' duty of care to clients, staff and volunteers'.

Data collection occurred during two phases in mid late November 2014 and July to September 2015. During these phases the evaluation team interviewed both partners and residents. This data has been analysed together with secondary data made available by the Red Cross Recovery Team including:

- Recovery Program database of activities,
- Outreach Reports (March 2014, August 2014 and November 2014, February 2015 and November 2015),
- Outreach de-brief morning tea (coordinated by the Red Cross Recovery Team and facilitated by the evaluators in August 2014),
- meetings with the Red Cross Recovery team, and
- the review of other relevant reports and data provided to the evaluators including outputs from the workshop series and reflections with the Program Coordinator.

The purpose of the evaluation is to review the efficacy of the recovery work being undertaken by Red Cross to support the community to recover.

¹⁶ The evaluators have used the Red Cross definition of resilience which is 'the capacity to bounce back after negative experiences and to cope with unknown situations'. This definition was provided by the NSW ACT Recovery Coordinator and is taken from the Red Cross *Ways of Working* document. The definition was taken from the Australian Government's Social Inclusion Board (2009) *Building Inclusive and Resilient Communities*.

¹⁷ See Attachment 1: Blue Mountains Recovery Program Logic Summary of Outcomes and Indicators.

Approach

The main evaluation framework for this evaluation is based upon the Program Logic model. The logic model developed at the Evaluation Workshop for this evaluation includes an identification of all inputs, outputs and anticipated outcomes for the Recovery Program (see Attachment 1).

The evaluation has three parts; planning, formative/process and summative/outcomes:

1. Planning: working with the Red Cross Blue Mountains Recovery Team to identify, establish and implement monitoring tools that will collect data to be used in the evaluation of the Program;
2. Formative/process: assess whether the Program is on track and that the monitoring tools are being used appropriately during the life of the program and giving feedback on areas for possible improvement; and
3. Summative/outcomes: evaluate the effectiveness and impact of the Program over time on key stakeholder groups as identified in the Program Logic.

A number of key activities have been undertaken by the evaluators against these three parts of the evaluation:

Planning

1. The initial meeting and evaluation planning workshop,
2. Evaluation plan design and refinement,
3. Development of Program specific Program Logic including identification of anticipated outcomes and indicators for each key target group partners, Children's Services providers and residents,
4. Review of Red Cross secondary data including resources,
5. Work with the Red Cross Blue Mountains Recovery Team to identify, establish and implement monitoring tools to collect data used in the evaluation including design of additional tools i.e. partnership tracking spreadsheet and partnership feedback, and
6. Participation in the Recovery Evaluation Reference Group.

Formative/process

7. Review of the Red Cross Recovery Team reporting database,
8. Meeting with Red Cross Recovery Team to review processes, tools and approaches,
9. Design of partnership tracking and requests for engagement spreadsheets,
10. Input into development of activities including review of Planning for Emergencies program and evaluation questions and the evaluation questions for Volunteers,
11. Design of Outreach questions for Fulcrum,
12. Outreach briefing (x 1), and
13. Input to development of follow up questions for Volunteers involved in multiple Outreach activities in the Blue Mountains.

Summative/outcomes

14. Morning tea debrief with Volunteers to be an ongoing component of the evaluation,
15. Review of Outreach data and Planning for Emergencies data,
16. Review of Recovery Monitoring Database and summary of data collected for 2014,
17. Development of tools for data collection: General partner interviews, Sociogram interviews, Resident interviews,
18. Establishment and conduct of first round of data collection November 2014,
19. Draft of Mid-term Progress Report,
20. Ongoing reflections with the Program Officer,
21. Establishment and conduct of second round of data collection July – Sept. 2015,
22. Data analysis workshop and synthesis of all data, and
23. Final Report.

The evaluators were also in contact with the team over the length of the evaluation and participated in the Evaluation Reference Group meetings that allowed for a more in-depth discussion of issues relevant to the outcomes and analysis of finding including but not limited to:

- the intersection between recovery and preparedness,
- the value in tracking partnership developments,
- observations about the community recovery more generally and
- the role of various stakeholders.

All of these inputs have been incorporated in to the analysis of the data gathered.

METHODOLOGY

A range of methods have been used by the evaluation team in the collection, review and analysis of data from both primary and secondary sources.

The evaluation team have reviewed a range of data from secondary sources including:

- Red Cross Recovery Team resource and activity reporting spreadsheets,
- Outreach reports (2014-2015),
- Outreach data spreadsheets,
- Demographic data from BMCC website,
- Reports from review of outcomes from Early Childhood Centre Workshop,
- Partnership feedback tracking sheet, and
- Partnership engagement spreadsheet.

Primary data sources analysed for this evaluation include:

- Direct feedback from the Red Cross Recovery Team,
- Reflection notes from the Project Officer,
- 36 face to face and phone interviews with 26 representatives from partner agencies 10 people were interviewed in both 2014 and 2015,
- 18 face to face interviews with residents from a number of suburbs in the affected area; Bilpin, Mount Victoria, Winmalee and Yellow Rock (11 in 2014 and seven in 2015), and
- One debriefing session with Outreach volunteers

Sampling

The primary focus for the evaluation was on gathering primary data from key stakeholders including partners, residents and volunteers.

Partners

Partners were sampled from the teams Partnership database with the Miller Group providing the following criteria:

General partner interviews:

- mix of service types
- mix of activity types
- short term/ new partners or longer term more significant partners

Sociogram - small sample:

- primary partners/ongoing relationship
- identifiable and/or significant impact of RC message
- mix of service types
- mix of activity types

The Project Officer identified partners and this was reviewed and revised in consultation with the evaluators. While not a random sampling method the aim of the exercise is to build an accurate picture of impact over a reasonably short time period with a fairly small group of partners. The criteria have been developed to ensure that the group is representative.

The aim of the sociogram is to look more deeply at 'learnings'; from the partnership and also to get respondents to identify people who they feel they have passed on learnings from their work or engagement with Red Cross. In this way it is hoped that the 'web of influence' of the program and Red Cross approaches can be mapped.

It was more difficult than anticipated to identify and contact sociogram respondents. Some interviewees were unable to be contacted, and several struggled to identify anyone for follow up. Five of the original sociogram partners identified follow up contacts and of these interviewees were identified; an educationalist, an RFS manager in the Hunter, an RFS volunteer and an operations manager in a Council.

Residents

Residents were sampled by self-nomination during the Outreach visits in August 2014. Outreach volunteers invited people they visited at this time (where they thought there would be a willingness) to participate in a longitudinal study to determine the effectiveness of Red Cross role in Blue Mountains recovery.

Fifteen residents agreed to participate at this time and read an information sheet and signed a consent form. This was followed up with a letter from the Director of the Miller Group and follow up phone calls by the team in November to agree dates and times for interviews and ongoing participation in the project.

Eleven people from the original group were interviewed in 2014. Three people withdrew from the study – one couple was in the process of moving to the Central Coast during the week of the interviews and one woman was unavailable due to family commitments - and one woman failed to keep the appointment for the interview on the day.¹⁸ Interestingly the couple who moved to the Central Coast were largely motivated by the disruption of the bushfires in their street which had become a 'building site' as rebuilding work occurred. This resident reported that the noise and disruption caused was intolerable and had caused them to move to another property they owned. 'We are lucky, we have options...'

Only seven residents were available to be interviewed in the second round of data collection. Two couples were unavailable; one on an extended holiday and one where there were serious ongoing health issues that made it difficult for them to participate in a second interview due to a number of medical appointments and hospital visits.

It was initially planned that volunteers would to gather data for this evaluation against the impacts for residents and thereby increase the 'person power' available to collect up to ten interviews from four locations. This did not prove possible. This work was conducted by the evaluation team directly. The sample is therefore smaller than anticipated however the data collected is reliable and consistent. The Recovery Team will still pursue this avenue over time and it may be something that can be built in to Volunteer training. Interviewing techniques and data gathering are clearly different skill types from those currently developed and preferred in volunteers.

¹⁸ The latter would have been followed up however she was a Red Cross volunteer and a decision was made that this would skew the results and so a follow up interview was not pursued.

FINDINGS

The Red Cross Blue Mountains Recovery Program has added considerable value to the recovery efforts of the community in the Blue Mountains – both to partner agencies and the community. The Program met its anticipated Program objectives and also the outcomes and indicators identified in the evaluation plan summarised in Attachment 1 of this report¹⁹. The evaluation outcomes identified for the Program were that:

- The significance of psychosocial recovery (PSR) is recognised by all key target groups
- The community has increased capacity to act effectively on their self-identified recovery goals including 'preparedness', and
- Community resilience has been increased.

All three outcomes were determined at the Evaluation Workshop and agreed by the Recovery Evaluation Reference Group as those that would reflect the overall success in meeting the program objectives.

The evaluation has also reviewed the extent to which the third Program objective had been met; that appropriate recovery resources were disseminated and recovery training has been provided for individuals, communities and community organisations²⁰. These outputs underpin much of the work undertaken by the team and were highly valued by partners. The Recovery Team met this objective effectively.

While it is possible to attribute the success in meeting the first two outcomes directly to Red Cross it is harder to attribute effort by Red Cross directly to the third outcome: increased resilience. This may be due to a number of factors including:

- The complex nature of recovery work in the Blue Mountains with multiple partners working on multiple projects, and
- Limitations of the methodology including the small sample size for residents and / or failure to capture the right data from the evaluation on this outcome. Rather than focusing on the residents of Outreach it may have been more instructive to target two or three of the partnership projects and interview residents that had participated in these projects.²¹

Evaluation Outcome One: the significance of psychosocial recovery is recognised by all key target groups

Partners

All partners interviewed for the evaluation reported that their partnership and project work with Red Cross had increased their knowledge and understanding of the importance of psychosocial recovery (PSR). Over the period of the evaluation partners were interviewed to determine whether their level of awareness of the importance of PSR had changed over time. It was anticipated using the theory of change that awareness and understanding would lead, over time, to the promotion and championing of the PSR message independently of Red Cross. Key partner agencies that had not considered the importance of PSR in their previous work now acknowledge its importance and those partners that had experience in PSR felt that Red Cross had aided them to be more effective in their work in this space through the provision of additional resources and expertise. This increase also led to

¹⁹ Red Cross Blue Mountains Recovery Program 2014-2105 Summary of Key Outcomes and Indicators.

²⁰ This Outcome has been included as it is the major one of the key outcomes of the Program and not closely reflected in the evaluation outcomes as it relates to Outputs. The evaluators clearly link the success of these outputs to the increased impact of the Program longer term – discussed below.

²¹ This is an observation from the evaluators based on a review of all data.

partner agencies promoting and championing PSR through the leadership of recovery projects in the later stages of recovery.

One partner, for example, noted that she had a 'fairly high awareness' of the importance of psychosocial wellbeing in recovery prior to her involvement with Red Cross as she had worked with the Brighter Futures program²² and with families impacted by trauma. However she felt that their awareness had been 'enhanced' by working with Red Cross and that 'expertise in psycho-social recovery' was something that Red Cross brought that added value to her recovery work.

The following quotes from the 2015 interviews with partners demonstrate this increased awareness.

'Their [RC] flexibility [was most valued] they gave us what we wanted. They have a broader experience of the whole approach...they take a needs based approach, the connectedness of the physical with the emotional.' (Local High School 2015)

'We [RFS] focus on property preparedness not mental preparedness – but they go hand in hand... This is what Red Cross talk about; we talk about what the fire looks like, how it will travel, what it will do. Red Cross talk about how you are going to cope with that when the adrenalin kicks in; the brain functioning, what to be aware of, how to slow your breathing.' (RFS 2015)

'I use their [Red Cross] PSR resources in my slides [presentations at other fora].' (School Counsellor 2015)

'It [working with Red Cross] has really deepened my understanding of the importance of PSR.' (RFS 2015)

'We [RFS and RC] have a much better awareness of each other and understanding...Through exposure to the issues I have a much better, broader understanding of recovery.' (RFS 2015)

'There is a lot more to recovery than cleaning up and focussing on bricks and mortar. You need to ask the question 'how are you going?'' (Council staff 2015)

A review of the data reflects this change over time. An analysis of partner interviews in 2014 identified the following indicators against the short term outcome 'partners are aware of the importance of psychosocial recovery'.

Overarching Outcome: The significance of psychosocial recovery (PSR) is recognised by all key target groups
Target group: Partners
Short Term Outcome: Partners are aware of the importance of psychosocial recovery (PSR)
Indicators:
<ul style="list-style-type: none"> 18 partners (100%) interviewed were aware of the importance of PSR
<ul style="list-style-type: none"> 8 of 12 partners (66.6%) completing the general partnership survey (2014) reported that there had been an increase in their understanding of PSR as a result of their partnership with Red Cross,
<ul style="list-style-type: none"> 18 partners (100%) sought engagement, advice and/or input from RC Team on the development of their own programs or projects related to PSR, and
<ul style="list-style-type: none"> Many spoke of how they valued PSR messages from Dr Rob Gordon.

TABLE 1: INDICATORS OF SHORT TERM OUTCOME – PARTNERS – SIGNIFICANCE OF PSR TO RECOVERY

²² Brighter Futures is a FACS funded program that 'delivers targeted early intervention services to families with children who are at high risk of entering or escalating within the statutory child protection system due to a range of vulnerabilities including domestic and family violence, drug and alcohol abuse, mental health issues etc.'

For this overarching outcome it was anticipated that by the midterm 'partners would understand and promote PSR' - the indicators are summarised in Table 2 below.

Overarching Outcome: The significance of psychosocial recovery (PSR) is recognised by all key target groups
Target group: Partners
Medium Term Outcome: Partners understand and promote the importance of psychosocial recovery (PSR)
Indicators
<ul style="list-style-type: none"> • 16 partners (88.8%) interviewed are more confident in their understanding of the PSR message • 3 partners (16.6%) already had a high or significant level of understanding of PSR message so had not seen an increase • 18 partners (100%) of partners spoke of an 'enhanced' or better informed or supported approach to recovery work as a result of their partnership with Red Cross, and • 4 partners (21%) of partners noted that within their larger organisations some changes in approach and impact were seen more at the local level and sustainable changes to the bureaucracy may be harder to guarantee or sustain.

TABLE 2: INDICATORS OF MEDIUM TERM OUTCOMES – PARTNERS – SIGNIFICANCE OF PSR TO RECOVERY

Against the longer term impacts anticipated for this outcome, 'that partners provide leadership and or champion psychosocial recovery', the following indicators were identified.

Overarching Outcome: the significance of psychosocial recovery (PSR) is recognised by all key target groups
Target group: Partners
Longer Term Outcome: Partners understand and promote the importance of psychosocial recovery (PSR)
Indicators:
<ul style="list-style-type: none"> • 11 partners (61%) were leading recovery projects that had a psychosocial approach • More than a Fire Plan • Children's Services Workshops Beyond the Emergency Assembly Point (BTEAP) • Meet your Street • BTEAP for community service providers and in expanded locations funded by CRIP • Additional programs for parents and carers of young children
<ul style="list-style-type: none"> • There was strong evidence of transfer of PSR knowledge. Key messages including: <ul style="list-style-type: none"> ○ The importance of psychosocial wellbeing to general recovery, ○ The length of time recovery takes, ○ The key events may lead to a spike in community anxiety and some regression in recovery such as the anniversary of the event or in advance of the subsequent fire seasons, ○ The impacts of recovery work on front line staff, ○ The need to support the supporters, ○ The fact that there is no one size fits all when it comes to recovery and services should try 'whatever works' for individuals and communities, and ○ The importance of leisure in recovery.
<ul style="list-style-type: none"> • 17 partners (94.7%) including those responding to the sociogram had used or shared information, approaches or learnings from a Red Cross presentation, material or meeting. The Planning for Emergencies Workshop has been transferred to other communities including the Hunter (sociogram interview) and workshop approach and findings from the work have been presented at an emergency services workshop in the United States
<ul style="list-style-type: none"> • 11 partners (61%) indicated that their connection to other agencies has increased as a result of the recovery work they have undertaken
<ul style="list-style-type: none"> • 18 partners (100%) that Red Cross has been valuable in the recovery process (a trusted source of recovery expertise)
<ul style="list-style-type: none"> • Partners expressed confidence that projects and working relationships will continue on completion of Red Cross Recovery Program.

TABLE 3: INDICATORS OF LONGER TERM IMPACTS– PARTNERS – SIGNIFICANCE OF PSR TO RECOVERY

Two partners (interviewed in 2015) reported being unaware of PSR and three partners (in 2014) reported being only a little aware of PSR prior to their work with Red Cross. All five partners reported that their knowledge had been greatly increased by their work with Red Cross.

State and local government partners along with emergency services agencies have confirmed an increased recognition of the complexity of recovery, have developed relationships and programs to support recovery and preparedness and are better prepared to be responsive to community needs in future events. Key partner agencies such as BMCC said that this messaging was extremely important and made a difference at the Executive level of the organisation. PSR also formed a key part of communication messaging by BMCC and other partners. It greatly assisted Council operations staff to have training and support from Red Cross in PSR to support them in their 'frontline' work with the community.

There were two factors that were highlighted by partners as being instrumental in this increased understanding of the importance of PSR. These were:

- Presentations by expert speakers including Dr Rob Gordon and Jolie Wills,
- Access to Outreach data for those partners who found the data useful.

An important element of the Program that has led to the increase in the understanding of the importance of PSR, and one that has been consistently valued by partners interviewed in both 2014 and 2015, has been the presentations by recovery experts Dr Rob Gordon and Jolie Wills. Dr Gordon brings years of experience as a psychologist working in trauma and recovery, in particular his work relating to the recovery following the Victorian Bush Fires in February 2009. Ms Wills, from New Zealand Red Cross, brought her unique experience on supporting the supporters, gained from her experience working in community recovery following the Christchurch earthquakes of 2010 and 2011.

'My knowledge of PSR hasn't increased but that aspect [supporting the supporters] has. The Jolie Wills Handbook has been most important.' (Community Services Partner 2015)

'I still talk about Rob Gordon today. I only saw him once but he has informed my practice. There is no one size fits all, you should try whatever works and this is now my approach.' (Community partner 2015)

'[The Project Officer] arranged for her [Jolie Wills] to come and talk to community development workers. I didn't think the disaster would have an effect on me. I have excellent support, resources and supervision but...we are all a little bit selfless in what we do, I suppose that is why. It is all so hard and fast, then people get exhausted. She [JW] talks about it being the same story whether it is an earthquake or a fire. It is more clarifying to have an external expert say it – an external person who has shared the same experience. Look after yourself, self care, cut my hair, maintain myself. All the leaders say the same thing.' (Community Service Provider 2015)

In the later stages of the program supporting the supporter became even more critical and as suggested by the Recovery Project Officer, and noted in the recommendations, this work could be initiated in recovery work at a much earlier stage to ensure that community workers and front line staff are well supported and able to 'take care' of themselves appropriately.

Outreach data was evaluated as a Red Cross output that provided partner organisations with information about the residents psychosocial recovery needs. It has been identified through this evaluation as being critical to supporting key partners with their understanding of the PSR needs of the community and enabling improved responses to these needs.

'One of the key activities of the Australian Red Cross Emergency Services Recovery Program is to provide psychosocial support to individuals and communities in the aftermath of an emergency. Australian Red Cross uses Outreach as a delivery method for this service to support individuals in their homes, businesses and places of

temporary residence. Outreach is a way for Australian Red Cross to ensure affected people have access to information and make specific referrals when required. Volunteers also collect information from community members regarding the community's recovery that may be of relevance to local council, community services providers or other government authorities.²³

While not all partners used Red Cross Outreach data those that did identified that it was extremely valuable to them for planning programs and projects, targeting more effectively their effort and activities and understanding residents needs based on their own reported 'perceptions.'

From the interviews with partners the evaluation monitored the value of Red Cross data to support the communities' recovery effort. The short term outcome anticipated for this was that 'Red Cross Outreach would provide valuable information to partners about resident psychosocial recovery needs' the medium term outcome was that 'partners would develop effective responses to meet identified need (from RC Outreach) and that finally, in the longer term, Red Cross Outreach data has been instrumental in improved recovery responses (see Attachment 1).

Information gathered through Outreach is summarised after each outreach in the Red Cross Emergency Services Outreach Report. It is not intended to provide a conclusive or statistically relevant record of the views of residents but rather is intended to highlight what residents of the area see as key positives and concerns regarding the recovery process and program and to assist agencies in future recovery planning.²⁴ Partners reported being able to access Outreach Reports through the Recovery Project Officer and the Wellbeing Working Group.

Volunteers are crucial both for providing the Red Cross Recovery Team and partners with 'an understanding of where the community is at' (BMCC) but because they provide Red Cross (i.e. the organisation) with 'local' credibility and links through the local Red Cross branch.

Against the short term outcome the following indicators were identified.

Overarching Outcome: the significance of psychosocial recovery is recognised by all key target groups
Target group: Partners
Short Term Outcome: Red Cross Outreach provides valuable information to partners about resident psychosocial recovery needs
Indicators
<ul style="list-style-type: none"> Seventy two (72.2%) percent of all partners in the first round of interviews (2014) considered that Red Cross's strong volunteer base added value to their organisations work and 66.6% of the sample of 12 from the Partnerships Survey²⁵ thought that it added value to recovery work in general. Partners valued the participation of volunteers at evacuation centres, the support they provide at preparedness events and the knowledge and understanding of the local community that they bring.

TABLE 4: INDICATORS OF SHORT TERM OUTCOME – PARTNERS – SUPPORT FOR PSR RECOVERY

There was evidence from the initial data collection that some partners were accessing Outreach Reports and that despite what Red Cross see as a limitation of the information, partners said that these reports provided valuable information that enables them to monitor trends in community recovery and to plan and implement appropriate service responses to support affected communities.

²³ Source: Red Cross Emergency Services Outreach Report November 2014, page 1.

²⁴ Source: Red Cross Emergency Services Outreach Report November 2014, page 2.

²⁵ In the first round of interviews there were two evaluation tools used with partners; a general Partnership Survey that was used with 12 partners and the Sociogram Survey that was used with six partners.

The medium term outcome, that 'partners develop effective responses to meet identified needs from Red Cross Outreach' was met.

Overarching Outcome: the significance of psychosocial recovery is recognised by all key target groups
Target group: Partners
Medium Term Outcome: Partners develop effective responses to meet identified needs from Red Cross Outreach
Indicators
Six key partners (32%) of the partners interviewed identified that they used the Outreach data and that it was a valuable tool in planning and understanding the community needs. Remaining partners identified that they did not require access to the data and it was not relevant to them.
Of the six that identified using the data 100% found it valuable and useful. These agencies included BMCC Council, MCRN, RFS, Step by Step, and members of Recovery Committees.

TABLE 5: INDICATORS OF MEDIUM TERM OUTCOME – PARTNERS – SUPPORT FOR PSR RECOVERY

Quotes from partners who were interviewed that support these findings included:

'The Outreach Data was useful – it was reiterated to the Recovery Steering Committee. It was useful in terms of identifying where there was a need [in the community].' (Council 2015)

'We use it [the data] it helps with planning for the committee and it helps us understand the community.' (Community Service Provider 2015)

'The Outreach Program was a lot better than I expected. There was a quick turnaround of data and I was able to use it to tailor my comms [communication strategies] to people's needs. I got to input questions I wanted asked. It was a great opportunity. Having the hard data was great. It supported my outputs and helped greatly.' (Council 2015)

An example given by one partner is that the Recovery Project Officer might come to her with information gathered through Outreach and say 'in this area we found that people felt this or there was this comment' and because the partner is seeing people directly who have lost houses she can say 'oh well that's because of X or Y... I know that this is happening and that's connected to this' and between the two of them they can 'link the data to a story that makes more sense to both of them' (Community Service Provider 2014).

By the end of the evaluation process it appears that Red Cross Outreach data has, in fact, been instrumental in improved recovery responses.

Overarching Outcome: The significance of psychosocial recovery is recognised by all key target groups
Target group: Partners
Longer Term Outcome: Red Cross Outreach data has been instrumental in improved recovery responses
Indicators
100% of partners that reported using Outreach data (6) identified that it had led to improved recovery responses. More important that the number of people or partners who use the data is the quality and usefulness of the data in design and delivery of recovery responses. Partners reported that Outreach data had:
<ul style="list-style-type: none"> Supported programs and project development Assisted with planning Provided direct feedback on community needs and the recovery process Supported partner organisations own goals i.e. Step-by Step funded counselling service found their partnership with Red Cross Outreach vital to getting the message out to the community by 'piggy backing' on the outreach process Could be used with senior managers to help explain the experience or response of the community

TABLE 6: INDICATORS OF LONGER TERM OUTCOME – PARTNERS – PARTNERS ARE SUPPORTED TO LEAD PSR RECOVERY

Only one partner reported finding a flaw in the data and this was because it failed to reflect the voice, needs and/or concerns of young people and adolescents who were largely underrepresented in Outreach data. This feedback has been incorporated into the recommendations for future program delivery.

Evaluation Outcome Two: the community has increased capacity to act effectively on their self-identified recovery goals including 'preparedness'

Partners

Establishing and maintaining effective partnerships has been identified as a key element of building resilient communities and is a common feature of community development work.²⁶ The Red Cross Recovery Team, working with the people and communities in the Blue Mountains, has been able to establish and maintain effective partnerships which have been central to the success of the Program. These partnerships have been particularly successful and productive in terms of their outputs (activities and projects undertaken) and impact (longer term outcomes and/or behaviour change).

Attribution of impact is always difficult in such complex environments however it is possible to say that Red Cross brought considerable value to its partnerships *that enabled* individuals and communities in the Blue Mountains to drive their own recovery.

Partnerships were formed with State and Local Government, emergency services and community agencies. These partnerships developed and changed over the two years of the program, depending on the focus of the work, however there were some partnerships that were fairly constant in both their formality and intensity²⁷. These partnerships included the BMCC and in particular the Recovery Team, the RFS Community Engagement Team, several local schools and community service agencies in particular Mountains Community Resource Network (MCRN), several neighbourhood centres and several not-for-profit organisations including CatholicCare.

Over the life of the program the evaluation sought to determine the nature of these partnerships and how valued the partnership with Red Cross was to them, what they valued and also whether their partnerships had expanded and deepened over time. The outcomes sought were that:

- In the short term the Red Cross Team is seen as a valued partner by key agencies,
- In the mid-term the partnership networks have expanded and the quality of partnerships are deeper, and
- In the longer term partners connectedness has increased.

Over the two year evaluation period the Miller Group interviewed 37 individual partners for this evaluation representing 28 partner agencies.

For this reason, and also to allow the evaluation to track impact over the longer term, 10 of the 18 interviews conducted in second round of data collection (2015) were follow up interviews with the same individual partners.

²⁶ Twigg, J. *Characteristics of a Disaster Resilient Community* 2009 University College London commissioned by the Interagency Group of ActionAid, Christian Aid, Plan UK, Practical Action and Tearfund, together with the British Red Cross/International Federation of Red Cross and Red Crescent Societies.

²⁷ Formal partnerships involved either 'regular attendance at a steering committee or interagency meeting with Red Cross and/or have a written partnership agreement with Red Cross' and as evidenced from the interviews a number of these partnerships were sustained and involved close and fairly constant collaboration over the life of the program which has been identified as 'intense'.

In the short term the indicators reflect that 'the Red Cross Team is seen as a valued partner by key agencies'.

Overarching Outcome: The community has increased capacity to act effectively on their self-identified recovery goals including 'preparedness'
Target group: Partners
Short Term Outcome: Red Cross is seen as a valued partner by key agencies
Indicators
<ul style="list-style-type: none"> • 100% of 18 agencies interviewed in 2014 identified Red Cross as a 'valued' partner • Partners valued Red Cross resources, coordination, expertise and access to expert presenters • 83% of the partners interviewed in the first round of data collection (2014) identified themselves as ongoing partners of Red Cross and 75% considered their partnerships to be formal.

TABLE 7: INDICATORS OF SHORT TERM OUTCOME – PARTNERS – COMMUNITY HAD INCREASED CAPACITY TO ACT

In 2015 the interviews with partners sought to identify more accurately:

- what it was that partners had particularly valued about their partnership with Red Cross,
- what they identified that had deepened their knowledge of the importance of psychosocial recovery (if they identified that the work had done so), and
- if these changes had led to other impacts and whether they were sustainable.

Partners reported valuing the following aspects of the Red Cross Recovery Program:

- internationally recognised disaster resilience expertise
- access to eminent experts including Dr Rob Gordon²⁸, Kate Seabiert, Jolie Wills etc,
- staff workshops for partner agencies tailored to meet specific need with presentations by experts
- access to high quality evidence based resources
- provision of an extremely well-coordinated and supported volunteer Outreach program
- coordination and facilitation of relationships with and between partner services
- listening and working with the community rather than having pre-conceived ideas of what recovery in the Blue Mountains would look like or be
- the particular combination of skills and qualities of the Recovery Project Officer who was able to make things happen, value all partners and promote positive outcomes at all times.

As already discussed in response to the previous outcome expert presenters such as Dr Gordon and Jolie Wills were highly valued by partners in supporting and strengthening their understanding of recovery.

'One of the other really important things is things like Rob Gordon ... it's not just printed resources or website resource its being able to put us in touch with people who are either experts in their field around this like Rob or the Resilience Round Table in Melbourne ... other folk within the space who have things to say and provide us with lots of lessons learned documents from ... Coonabarabran ... Black Saturday, Brisbane floods" (Community Service Provider 2014)

'I have used the information from Rob Gordon in Council messaging. It has been very valuable.' (Council 2015)

'Supporting the supporters (Jolie Wills) was excellent – we should have thought about it earlier.' (Community Service Provider 2015)

²⁸ Dr Rob Gordon is a clinical psychologist and an expert in trauma and recovery after disaster. Dr Gordon provides advice to Red Cross and government of disaster recovery.

'Lots of people don't think about how long recovery takes or what it involves. Hearing Rob Gordon made it clear that it all takes a lot longer than you think. It is really important for people to hear this. Some people think it has been two years get over it but it can take a lot longer.' (Council 2015)

'We hadn't thought about leisure at all - in our response – Rob Gordon talked about how important and often overlooked it is. The Salvation Army second round of grants was targeted to people's leisure. It is not all about rebuilding the house it is about people relaxing and starting to have fun again. I had no idea this was so important. (Community Service Provider 2015)

Partners reported that the Red Cross Recovery Project Officer had listened to their needs and collaborated with them to meet their own recovery outcomes for the community. The following quote aptly captures the repeated comments that partners valued the way that Red Cross, and the Project Officer in particular, worked with them in collaboration, flexibly and in response to particular needs and groups to provide appropriate responses;

'Different strategies are needed for different people and groups – Red Cross listen and find out – they don't prescribe what they think you 'should' need'.
(Community Service Provider 2015)

Partners sought support from Red Cross Recovery with:

- Training for staff in Psychological First Aid and Communicating in Recovery,
- Development and delivery of specific workshops to the community on preparedness and planning,
- Submission of grants for funding for projects to be run by partner agencies in particular not-for-profit service providers,
- Expert, evidence based resources to support recovery,
- Targeted work with particular groups within the community include Children's Services, families engaged in Occasional Care, schools and teachers,
- Access to volunteer base to support outcomes,
- Expertise in psychosocial recovery,
- A framework and approach to evaluation, and
- Coordination of effort to 'make things happen'.

The following quotes highlight these issues:

'The workshops wouldn't have happened without (Project Officer) she made sure everything happened. She followed up and coordinated. I don't have time or the resources to make it happen. They could do the follow up – I was confident that it would happen.' (RFS Manager 2015)

'Our people (local volunteers) feel comfortable talking to residents who have been through a disaster, (the project with Red Cross has) given them material to reference, it reduces their stress and has enabled them to look after themselves and each other.' (RFS Volunteer 2015)

'The work with Red Cross has really built sustainability. With people who have had (exposure) there won't be so much need for resources because there has been an increased in knowledge...across the board.' (Community Service Partner 2015)

18 partners (100%) sought advice and input from Red Cross team on the development of their own programs or projects. Red Cross also partnered on eight applications for external funding led by community organisations and RFS and partnered on another three funded projects providing advice, support and resource. Partner agencies for specially funded projects included Neighbourhood Centres (NC) in lower, mid and upper mountains, MCRN, CatholicCare and RFS. Sources of funding included:

- NRMA/FRRR,
- Flexible Community Grants,
- Westpac Grants,
- CRIP, and
- RFS internal funding.

In addition to specific projects, some partners described the collaboration and value brought by Red Cross as less tangible; 'she (Project Coordinator) is a sounding board', 'someone who's input I value' to 'talk through my ideas and approaches.' People acknowledged that a large part of the effectiveness of the program and the work was directly related to the skills and attributes of the Project Coordinator.

'We (the Project Officer and I) have a very strong working relationship. It has changed now (mid 2015) we are working less closely but I still value her (Project Coordinator) input. She is so skilled.... I have learnt a lot from her.' (Community Service Provider 2015)

'I am really loud and 'visible' whereas she (Project Coordinator) is calm, quiet and skilful. She listens and gets people to agree without having to be pushy. I seek out her advice.' (Community Service Provider 2015)

Many partners spoke of the important role Red Cross played in providing the disaster resilience expertise and emergency PSR responses that were not the core role of their partners. This was interwoven with feedback about Red Cross reputation.

'It is great. We have expertise with the community. People come to us we are a hub and deal with a lot of resilience issues and community issues but they [Red Cross] can bring the disaster welling background. They are international and independent. There is a lot of respect there.' (Community Service Provider 2015)

'They [Red Cross] have a high reputation and standards....They have a wider experience and exposure to things that is of great benefit to an organisation like ours. (Council Manager 2015)

'They [Red Cross] were not responsible for the outcomes but they were there all the way along and helped us with what was needed. We would have still done it but it would have taken longer and...they had the resources to support us; we didn't have to go anywhere else.' (Community Service Provider 2015)

The coordination and facilitation role played by Red Cross was identified by many partners as critical to the success of much of the recovery work. The Project Officer was seen as; providing a resource to get things done, building and facilitating relationships rather than imposing an agenda, and bringing people and groups together that had not had to work together before.

'(The Project Officer) was able to create worth in the relationships. She had a (facilitator) role bringing the right people together at the right time.' (Council Staff 2015)

'Sometimes there can be the politics of self interest but there was no agenda with Red Cross.' (Council Manager 2015)

For three partners it was the coordination role played by Red Cross that they identified as the single most important factor in longer term positive outcomes. Without this effort much of the activity would have been; less well organised, not as well administered or able to be followed through on.

'Without her [Project Officer] coordinating I just don't think it would have happened at all. We are all really busy. If it is nobody's role then no body ends up doing it.' [RFS 2015]

The medium term outcomes for partners, that 'partnership networks have expanded and the quality of partnerships are deeper', was met.

Overarching Outcome: The community has increased capacity to act effectively on their self-identified recovery goals including 'preparedness'
Target group: Partners
Medium Term Outcome: Partnership networks have expanded and the quality of partnerships are deeper
Indicators
<ul style="list-style-type: none"> Partnerships increased from 2014 to 2015 by 39%. This is an increase of 9 from 23 partner in 2014 to 32 in 2015 From these agencies there were 66 individuals who were identified as having partnered with Red Cross 10 (55.5%) of partners interviewed identified or spoke of deeper relationships with other organisations and partners 6 of these 10 (60%) directly attributed this success to their work with Red Cross 15 (83.3%) of partners spoke of collaborating on psychosocial recovery projects and New sustainable partnership developed between community organisations and the RFS. Community partners have improved their understanding of the role of various emergency agencies in a fire event or during recovery. Red Cross partnered in 8 applications for external funding led by community and RFS and partnered on another 3 funded projects providing advice, support and resource

TABLE 8: INDICATORS OF MEDIUM TERM OUTCOMES – PARTNERS – COMMUNITY HAD INCREASED CAPACITY TO ACT

The longer term outcome was that partners' connectedness has been increased. In 2015 partners were asked to discuss the sustainability of their recovery work to determine the role that effective partnerships played in this ongoing work. It was evident from an analysis of responses that partners connectedness had increased.

Overarching Outcome: The community has increased capacity to act effectively on their self-identified recovery goals including 'preparedness'
Target group: Partners
Longer Term Outcome: Partnership networks have expanded and the quality of partnerships are deeper
Indicators
<ul style="list-style-type: none"> 11 (61%) of partners interviewed indicated that their connection to other agencies has increased as a result of the recovery work they have undertaken 18 (100%) of partners indicated that Red Cross has been valuable in the recovery process (a trusted source of recovery expertise) Partners expressed confidence that projects (if they were ongoing - dependent on funding) and working relationships will continue on completion of RC Recovery project Several key partners identified that they now had active partnership with organisations that they had never worked with before and that Red Cross had facilitated these partnerships 6 partners identified that they had considered the sustainability of their partnership with Red Cross and had had discussions with Red Cross about the ongoing nature of the project work once the Recovery Program finished Lack of ongoing funding and the wind up of recovery programs were identified as having a direct impact on this sustainability.

TABLE 9: INDICATORS OF LONGER TERM OUTCOMES – PARTNERS – COMMUNITY HAD INCREASED CAPACITY TO ACT

Those partners who reported 'having developed strong relationships' were 'confident' that they would maintain their relationship once the Red Cross Recovery Program, and other recovery work in the Blue Mountains, had finished.²⁹

²⁹ Several agencies and funded programs including the BMCC Recovery Program are winding up at the end of this year or early in the New Year.

Residents

All residents who participated in the evaluation were able to determine their own recovery priorities and meet their own goals with a range of supports. Residents in the most fire affected locations were supported by multiple organisations, neighbours, friends and family and it is therefore difficult to determine the role that Red Cross played. Certainly residents did not report that Red Cross has assisted them to identify their own recovery goals. These goals were identified as being driven by a person's immediate or short term needs i.e. to rebuild a home, to repair damage, to support family and friends who had suffered loss. They did, however, report that Red Cross Outreach was valuable to them and that Red Cross were seen as an important provider in the recovery 'mix'.

Over the evaluation period 18 interviews were conducted with residents. 17 interviews were conducted face to face and one interview was conducted by phone.³⁰ At both the data collection phases in 2014 and 2015 residents reported that Red Cross Outreach was valuable. In 2014 the findings were that 100% of the residents interviewed – albeit a small sample (11) – valued the role that Red Cross Outreach played in their support following the bushfires. Residents highly valued 'being well listened to' and some also valued 'receiving information about resources and supports' that they could access. One woman is involved with Red Cross in an official capacity and reported that if she hadn't been affected by the fires she would be 'doing Outreach'.

11 residents interviewed in 2014 reported that Red Cross helped them by 'listening to me'. Five residents reported that the Outreach volunteer had 'given me useful information', two received referral to a support agency although only one took it up and one person indicated that Red Cross had supported them with 'advice about something they needed' and one felt they had been helped to 'identifying their support needs'.

'Heard about counselling advice – I felt scared afterwards and considered it I knew there was support available but I didn't take it up then.' (Resident 2014)

'The girls (Red Cross) have been wonderful. I feel supported in so much as I have lost everything.' (Resident 2014)

'They listened to me and that was really good and they referred me to Step by Step.' (Resident 2014)

At the subsequent interviews (mid 2015) all those interviewed confirmed that there had been value gained from Red Cross Outreach visits.

'Having Red Cross come for a chat was far more accessible' than going to a counsellor or to a drop in centre when all you needed was someone to 'listen to you'. (Resident 2015)

'The Outreach was valuable, especially sooner after the fires – maybe two weeks once the emergency is over but when people are still vulnerable and need support. A lot of people knew about the practical assistance but a lot of people did not know about the emotional support. The just a chat and a cup of tea approach is really good; less like a psychological session or having to go to a drop in centre. People thought they were not that bad so they didn't need counselling but they were not that good!' (Resident 2015)

There was a higher degree of value expressed by those people who had received more than one visit. People also valued continuity of volunteers – having the same person visit

³⁰ It was more difficult to conduct the follow up interviews in August 2015 as a number of people's circumstances had changed and they were unavailable at the time of data collection.

multiple times. This can be difficult to guarantee and is a logistics and resourcing issue for Red Cross however it is an effective strategy to build continuity and connectedness:

'The same women came back to see me and touch base. It was good to be able to talk about what was happening without having to go over it all again. We could talk about what had changed and what was growing [in the garden]' (Resident 2015)

'The ladies who came were lovely. They said how 'are you going [name of resident]?' (Resident 2015)

Red Cross Outreach was also highly valued where they had been the only service visible in an area – although this was not the case in the highly affected areas of Winmalee, Yellow Rock, Springwood and Mt Victoria where all residents reported being well supported by a large number of services, agencies and local businesses (listed below).

Red Cross was identified as providing 'information' and 'a sounding board' for discussion of issues affecting them however there were many sources of information and support in the period following the fires and subsequently. Organisations in addition to Red Cross that were identified as providing support included:

- Salvation Army,
- Step-by-Step,
- Anglicare,
- Rotary and Lions Clubs,
- Council,
- RFS,
- Church groups, and
- Local businesses including Harvey Norman, local horticulturalist, coffee shops and Coles.

While Church was only mentioned by one resident it was in relation to a series of activities including Christmas dinners for people who had lost their homes, BBQs and other social events that kept the community connected.

By the time of the second round of interviews most residents had 'moved on with their lives'. Several had finished their house and garden repairs although three commented that this was a 'never ending process' and needed to be constantly updated and improved each year. Three people were still in the process of making improvements and one had not yet moved into their rebuilt home. The majority reported focusing on improvements they had made to preparedness in the case of another fire:

- Compliant building materials and fire safe design,
- Compliant window shutters,
- Improved sprinkler and watering systems,
- Changes in plantings to remove fire hazards, and
- Purchase of fire safe, etc.

Several people spoke of increased anxiety due to the approaching fire season and that the fires in Warimoo, Wentworth Falls and Katoomba were triggers for increased anxiety. They also spoke, however, of having strategies in place to support themselves including 'seeing a counsellor', 'volunteering myself', 'sharing the experience with friends', improving the CFU response plan' and 'accepting that the way they felt had changed'.

Only one of the residents in the evaluation sample had attended Red Cross workshops presented by Dr Gordon and she reported finding them 'very good':

'It confirmed a lot of feelings you were having at the time – made you realise that you weren't a monster or going out of your brain.' (Resident 2014)

By the second round of interviews people's self identified recovery goals or priorities had been met or were being met. While these goals were highly personal meeting or attending to these needs had led to increased personal wellbeing that was shared by all residents interviewed. The different recovery focuses for residents included:

- Rebuilding the family home,
- Reviewing preparedness to take account of the loss of water during an event and ensuring that this issue was acted upon if possible,
- Receiving re-cast versions of father's war medals lost in the fire,
- Volunteering with a support agency and reconnecting with community activities, and
- Making changes the CFU practice during a fire event.

For one resident finalising their new home and moving back in was a high priority however it was causing stress and there was uncertainty about how it would feel when the family did eventually move back in.

'It has taken so long but it is getting there. You can come over and have a look if you like. We want to be in before Christmas. They [builders] are working hard but the Council and the RFS need to get their act together on what is legal. There is an inconsistency in applying the rules and different people are doing different things on roofing, windows [and] shutters. (Resident 2015)

'Some people say 'but you get a whole new house out of this' and I say I didn't want a whole new house I loved my house!' (Resident 2015)

'I won't know if I feel safe [in another fire] until I move in...I just won't know.' (Resident 2015)

This resident had also lost her father's war medals in the fire which had been the cause of great distress at the first interview. The local member Louise Markus MP worked to get legislative change to allow for people who lose family medals through a natural disaster to have them recast. This was done and the new medals were presented by the Prime Minister and his wife at a ceremony at Kirribilli House on 7 February 2015.

'It was so wonderful. I was thrilled; they weren't just copies they were recast from the original so they are identical, perfect. It was such a huge relief to me and my family.' (Resident 2015)

Another resident was greatly concerned about the lack of consistent planning for bushfires, the poor water supply from Springwood and the inadequate protection of homes and wildlife.

'There is never enough water down here [Yellow Rock] when there is a fire. They have never sorted it out. It happens every time there is a fire. The water comes from the tank up in Springwood and has to get all the way down here. It always goes. Charities are great and give support but not the kind of support that would really make a difference to safety in another fire. This is what we really need down here to make a change' (Resident 2015)

'They do back burning and say don't build to close to the bush but we live in a National Park – you need to have properly clearer areas and plenty of water so there is enough when we need it.' (Resident 2015)

She was also concerned about the actions that were taken during the last fire that she thought were dangerous to the safety of residents and hoped that this knowledge would be used in a future fire event.

'Those people that were led down to the lookout [in Yellow Rock] were almost fried to a crisp. They were so lucky. It was completely the wrong thing to do with bush all around. Lead people further in to the National Park.' (Resident 2015)

One resident was overwhelmed on the day and lost most of her home. She has since become an active volunteer with a large not-for-profit organisation and identified that this had helped her enormously with her recovery.

'They [the organisation] are amazing. They provide so much, did so much for us at the time and [the Manager] is incredible, inspiring. When I worked, I used to work at Lithgow they were involved in programs over there so I had something to do with them but now...I just feel like I want to give back...to help people, like I've been helped. To let people know that there are things for them that they can have it is all here ready for them. I can ring people and follow them up and say...come on, you're entitled to this. It is OK.' (Resident 2015)

Knowing what to do, as a member of the Community Fire Unit, was important to another resident who had learnt from the experience of the 2013 fire and the local group had made changes to what they would do in the event of another fire.

'We didn't know what to do – we all congregated together and stood around. Our plan didn't work but now we have more equipment. With walkie talkies we can prepare our own homes and not have to meet up. You just don't know what to do on the day, when you should act when it [the fire] is upon you. But we do now.' (Resident 2015)

Evaluation Outcome 3: Community resilience has been increased

At the Evaluation Workshop it was agreed that increased connectedness, agency and preparedness would be used as indicators for community resilience (see Attachment 1). There is evidence from the interviews with residents of a self reported increase against all three indicators over the life of the Program. Five out of seven residents interviewed in 2015 said they felt that resilience had increased as a result of their experience of the fires and recovery. One resident said that resilience it had increased by '120 per cent!!'

Attribution of these increases to Red Cross effort is difficult to make for a number of reasons. Firstly, due to the small sample of residents interviewed (11 residents in 2014 and 7 residents in 2015). Secondly, because when asked directly residents did not see a clear link between Red Cross Outreach and connectedness, preparedness or knowing how and where to go to get their recovery needs met³¹. Thirdly, Red Cross was one of the many organisations providing support to residents directly following the fires and over subsequent months and years making attribution hard to determine. While all residents interviewed valued Red Cross support most valued more highly the combined efforts of all organisations supporting their local community or those partners that offered financial grants or garden supplies etc that supported them to meet their immediate physical recovery needs.

Even though direct attribution to Red Cross effort is difficult to make it is possible to say that Red Cross played a role in these increases through its Outreach program. The support offered to residents through Outreach has clearly led to an increased sense of wellbeing; it made residents feel 'well listened to' and 'better supported'. Connectedness was increased where the same volunteer came to visit residents more than once. Outreach provided residents with information about services like Step by Step and access to resources that played a role in increased agency – knowing and being able to act to get ones needs met. Repeated visits reinforced messages about recovery and support available and enabled residents to

³¹ While the residents did not see the role Red Cross the evaluators have been able to make these links by reviewing all data from all the longitudinal data and see a link between improved well being to improved resilience.

act on their needs 'when they were ready'. Residents also reported feeling better prepared by the end of the interview process as they had made fire safety improvements to their properties and had learnt from their experience of the 2013 fires about what can 'actually happen' during an event such as loss of water or when to evacuate.

Other factors were at play in these increases including support from family and friends, rebuilding and repairing homes, watching things re-grow and also the ability of individuals more generally to 'make sense' of what they had been through and determine and act on their priorities for recovery.

The evaluators would also argue that where Red Cross provides its greatest value in increasing community resilience is through its combined efforts of volunteer Outreach and its specific work with partner organisations on such programs as the Children's Service Workshop – Planning for Recovery, the Pillowcase Project with primary school aged children and Meet your Street that targeted building local connections at the street level as a preparedness process. Its work with the RFS volunteers to support them to understand the PSR issues for themselves and their community, their targeted training in PFA and Communicating in Recovery will have considerable longer term effects on community resilience by making organisational response to disaster more attuned to the PSR needs of residents.

Regardless of attribution it is an important finding from this evaluation that recovery from the fires (which has included a variety of supports from government and non-government agencies including Red Cross) has led to increased resilience – being 'more connected to the local community', being 'more able to access support and feel entitled to do so' and also feel better prepared 'due to having been through it once before'.

Connectedness

While connectedness prior to the fires in 2013 was reportedly high the small sample of residents reported that connectedness had increased after the fires, peaking in mid 2014 and decreasing by mid to late 2015 but staying higher than the pre-fire levels.

Increased connectedness including with 'neighbours' and 'friends and family' is important in the development of resilient communities and so it is encouraging that even in the small sample the following issues were highlighted in the final interviews when residents were asked to identify the three things that had been most important to them in their recovery. The two most common responses were: feeling more connected to neighbours (six people), and support from family and friends (six people).

'I walk up and chat to them [my neighbours] and see how things are going. Their houses, what they are planting. We are pretty tight around here.' (Resident 2015)

'[My neighbour] and I were fighting the fires together down at the neighbours fence. A couple of old blokes rushing about, stupid really, doing our bit. But when they [fire fighters] arrived they told us to get back home. We talk about it sometimes but he [neighbour] has got a bit of dementia now so he is not going so well!' (Resident 2015)

'My daughters were on the phone throughout the day talking to us about what to do and whether we should get out...They got us down to them for a week.' (Resident 2015)

Residents reported that their communities were well connected prior to the bush fires with people knowing and being there for their neighbours, however they felt that connectedness had increased after the bushfires as people supported one another come to terms with the trauma of the event.

The findings from the small sample of residents interviewed for this evaluation indicated that:

- There was a spike in the level of connectedness and 'generosity' immediately following the fires that decreased over time. By the second interview (2015) people reported that while connectedness was still 'higher than before the fires' there was a

decrease on immediately after the fires as people reported 'getting back to their normal lives' or 'getting on with things', and

- In areas that had experienced significant fire damage the loss of long term neighbours who had chosen to move away from the area had led to a decrease in connectedness at the street level.

The eleven residents interviewed in 2014 all reported being well connected in various ways to community either through family and friendship networks, volunteer work, membership of community fire units or the RFS.

'All the dog owners round here talk...we know everyone by their dog and we talk when we meet.' (Resident 2014)

In spite of these already high levels of community connection all residents reported an increased connection between local communities following the fires. 9 of 11 (81.8%) residents interviewed reported that they felt that the community was generally well connected but that connections locally – especially between neighbours - had increased following the bush fires.

'We have always been pretty well connected (in this street)...but yes, yes it is more so now.' (Resident 2014)

People reported talking to neighbour as a result of the fire that they hadn't spoken to in years or had not met and participating in activities such as BBQs, lunches, Australia Day parties and Christmas events to support people affected by the fires and thank people for the various roles and support that had been given. While some of these were formal events organised by local services some were spontaneous events organised by neighbours for one another.

'We all talk to each other now. I walk up the road and see how everyone is going with their building – we all want to help.' (Resident 2014)

'I haven't spoken to him (neighbour) for ten years. Not since something at work. Always spoke to M (the wife) but not him not since that. But now he is the first person to come up and ask how things are. Ask about M (my wife). It is much better – we are all in the same boat. It is good to get on with your neighbours.' (Resident 2014)

'I speak to the guy next door now. I never used to we had some problems but not now (since the fires).' (Resident 2014)

The Church organised dinner for all of us [who'd lost homes] so we could stay connected and to help us have some fun. It was lovely, just lovely to see everyone.' (Resident 2014)

One elderly couple looked after several local pets' whose owners were not home at the time of the fire and were unable to get home until the next day due to road blockages. The owners had subsequently made contact and given gifts of thanks to the couple. This contact had led to a strengthened ongoing relationship in the street.

'They came by and gave us chocolates, they didn't have to do that, and it was nice though. We couldn't leave the dogs alone, they were terrified so we ended up with some of them on our bed that night.' (Resident 2014)

The couple in the big house around the corner put on a BBQ for everyone just to come around and talk and say thanks

Data from the final Red Cross Outreach Report November 2015 reinforces these findings:

'A significant number expressed that they felt an increased connection to their neighbours since the bushfires. Some related this to fighting the fire alongside one another, and supporting one another during the immediate aftermath. After the fire

one street had no power for 5 days and ran extension leads from another street to a neighbour who required power to access her oxygen.

One resident commented that initially neighbours were much closer, but things have now gone back to normal. A number of residents expressed sadness that neighbours had chosen not to move back to the area, and in some cases, hadn't returned to the Blue Mountains since the bushfires occurred.³²

Connectedness was also evident in the care people felt for those who had moved away. There was concern for these people as they were not 'taking advantage of the supports available to them' and also for those people who did not 'get the benefit that comes from rebuilding.'

'It gives you a really great sense of things getting better when you see things restored, trees and plants re-growing and people rebuilding. When you leave you miss out on that.' (Resident 2014)

'People who are not here anymore are most at need. They lost property and are not going to rebuild so they are living somewhere else and missing out on support.' (Resident 2014)

'Some people can't afford to rebuild. It is really sad for them. Sad for the street.' (Resident 2014)

'There is a young girl who can't move back she was renting. I try to keep up with her but it is so difficult. She is quite hard to help. People like that, this girl...it worries me that they can't get help. (Resident 2014)

While the resident sample decreased in 2015 to seven people, five out of these seven reported that connectedness though it has reduced from a peak after the fires was still higher than it had been before the bush fires.

'When you go through something like that together it changes things. You always have that thing that you have been through. I know people who have done it really tough but we look out for you, for each other. Life goes on but there is always that thing there.' (Resident 2015)

'We are still quite connected, through the CFU (community fire unit) it's been unifying for the street but the banding together has lessened. We are all a bit more focused on what is going on for ourselves now. The street is changing some people moving in, some people not coming back but we are all there for each other.' (Resident 2015)

'We had other fires in 2001 (I think). They were slow, we could watch them. Took all day. We all came out and got together for a cricket game out the front. Everyone together and then when it got dark we had cake with cream at our house. Chocolate cake. When you are all thrown in together into the same situation it brings you together. 10 years and we hadn't even met!' (Resident 2015)

There were some limitations reported to connectedness including:

- Some local people have moved away so are not connected,
- New people are less connected when they move in,
- 'We are very connected anyway',
- 'Things have returned a bit more to normal', and
- People focused on getting on with things now, it has been two years.

'We are getting on with things now, but we are always interested in what is happening with [local family] who lost their house and dog. [J] was such a beautiful

³² Red Cross Emergency Services Outreach Report November 2015 page 3

Border Collie. We always stop and chat when we're out [walking]. The kids are getting bigger now and they have a new dog. It was ember attack and they were all out...nothing they could have done but such as shame...we all felt completely gutted, beautiful dog.' (Resident 2015)

'I don't think it's as much as before. People have moved back in and got on with their lives. Our little group is still looking after each other. But I'm not about so much either so I blow in and out.' (Resident 2015)

'I was a bit over it by then [the anniversary event]. There were 60 or 70 people. It was 'soap boxing by politicians', people from Council high jacking it for votes. People spouting forth about the 'heroic spirit', 'banding together' and no loss of life. Well that was good luck not good planning. We (the residents) got down there and we all went oh god who are all these people with their cameras and the (politicians).'

(Resident 2015)

Of the two residents who did not think connectedness had increased one was 'unsure about the level of 'connectedness' as they were 'not around that much to tell' and not engaged with the local community and the other thought it was 'about the same' as they were already a highly connected community. This resident did comment that new neighbours had changed the complexion of the street since the fires and that this had eroded connectedness slightly,

Volunteers reported at Outreach debrief (2014) both increase and decrease in community connectedness. Some reported that the local areas had changed as people had moved away. Others reported an increase in connection – people seeking help, talking to their neighbours, sharing ideas for assistance, information about grants and supports. Outreach itself can provide a role in increased connectedness and it offers people the opportunity to talk and be listened to, to make connections between the volunteers and the residents and to offer links to services and support.

'Two ladies came [from Red Cross] in February [2015], I think. They come about every six months for a chat. There is continuity there, always from the Red Cross. I feel they are doing a lot behind the scenes the policy work and as a receiver I find that very valuable.' (Resident 2015)

Those residents (two) that had had the same volunteers visit them more than once also reported that this made them feel 'more connected' and that this led to them attributing an increased value to Outreach visits and also an increased their sense of connectedness with the wider community. For the resident who reported receiving no other support (from the town of Bilpin) Red Cross Outreach was also identified as a key factor leading to an increase in personal wellbeing and connectedness.

Agency

Increased agency is an important indicator of resilience and refers to a person's 'ability to take planned action and effect change' or their 'ability to actively engage with social structures and services'. It can be measured in a number of ways, for example, by how confident a person feels in accessing or seeking assistance from more formal structures and services such as Council, education and health services including counselling and grants and other supports and whether there had been an increase over all in the number of people accessing services.

Residents in the first round of interviews spoke of having accessed many resources and services and most demonstrated a high level of personal agency. Two of the elderly couples were less engaged with services and a number of people commented that they felt 'uncomfortable' or 'not entitled' to ask for support or seeking assistance.

It is difficult to determine whether this is due to 'pre-existing levels of agency' or 'difficulty in accepting help' or a combination of the two. The demographics of the Blue Mountains

community give some clue to this as across several variables that are associated with agency; higher educational attainment, home ownership and rates of full time and part time employment the Blue Mountains have a higher proportion of people in all categories compared to the NSW figure. In addition, unemployment is lower; 4.9% unemployed compared to 5.7% for greater Sydney and a lower proportion of people have no qualifications; 34.9% compared to 42.8% for NSW generally.

Red Cross is seen by those residents interviewed as one of the providers of recovery support among many that have been active in the Blue Mountains following this major bush fire event. Ten of the eleven residents reported having received support from organisations and services other than Red Cross. The one resident who reported 'not receiving any support' from agencies other than Red Cross reflected that she lived 'in an area that had escaped major fire impact as the fires were contained' prior to reaching them however they were on alert for several days and she felt there was a psychological impact that was probably not acknowledged. She was extremely grateful to be home when Red Cross volunteers conducted Outreach in her area in August 2014 and she 'finally had someone to talk to'. The majority of residents (ten) reported receiving support from a number of different organisations (listed above).

Three residents were involved in voluntary capacities in service agencies; one with Red Cross, one with the RFS and one with the CFU. This volunteering seemed to influence their responses around accessing services. These residents still spoke of a certain reticence in asking for assistance and also that they were less entitled to the support that was available. Also in 2015 another resident had taken on a voluntary role with a large charitable service provider and this had changed her perception of 'access to support.'

'I didn't feel entitled at first. Now I'm on the volunteer side of things [for a Community Service Provider] and I feel a bit differently about it. The support is already there and waiting to be used.' (Resident 2015)

This changed at the last interview they expressed a sense that it was all right to ask for help that they were entitled. In 2015 5 of 7 residents (71.4%) felt more able to access support and 71.4% more connected to support services.

Residents reported being able to access services had increased from the first interviews including 'feeling able to ask for help and assistance' and feeling more 'entitled' to support, being 'more connected to support services', 'better prepared in the case of another bush fire' and 'more able to act in an emergency'.

'A lot of people closed off from (support and assistance) it I think. Someone else must need it, it is not for me.' (Resident 2015)

'I am aware of support much more than I was before and I did access support. I was a bit sheepish about accessing support but now I know what is out there and how to access it.' (Resident 2015)

'There is pride in it I think. People don't want to say they need help.' (Resident 2015)

'The Recovery Centre in Springwood was great. You'd go in and they would say 'There is this available.' (Resident 2015)

Two of the residents interviewed had accessed counselling towards the end of 2014, sometime after the fire events, and both reported that they 'remembered' Red Cross talking about it and saying that it was OK to feel anxious and that there were lots of options for support. One resident who had lost her home got a referral to the Step by Step counselling program directly from Outreach and had acted on this referral almost immediately.

Preparedness

Individuals in the residents sample exhibited high levels of self-determination and pre-existing self reported preparedness and did not see the Red Cross, initially, as having a role in their 'preparedness' or in affecting their 'ability to act in another fire'. They identified preparedness as something they were individually responsible for. All of the 11 residents interviewed had lived in the Blue Mountains for more than ten years and said that they felt they were 'well prepared' for fire events however the fast moving nature of the 2013 had meant that they were unable to enact their preparedness plans. They also identified the RFS and/or CFU as being the organisations that were more likely to assist them with preparedness particularly as it related to preparing their home and property for another fire event.

9 (81.8%) of residents interviewed in 2014 reported being well prepared before the fires.

'We have lived here for 43 years and we have been very well prepared. I was in the process of putting all my photos on to discs but I didn't get to bring them... they were upstairs... so they have all gone... but I didn't have time to enact our plan. My husband was out at work and I got back from the shops put the groceries down and my mother went out the back to check the washing and she came back in and said 'the yard was on fire'. I just grabbed her and our handbags and left...That was it.' (Resident 2014)

'You just don't know what will happen. I have lived here for most of my life and I thought I was OK. This was so quick... this fire was just so fickle, so very fickle.' (Resident 2014)

'We were well prepared. We have lived here for 14 years and been through a few fires but nothing could have prepared us for this fire. It was so quick. I was at work and got stuck there as the fire went through. [M] was here and got evacuated as the fire came through. But I didn't know [where she was or what had happened] I couldn't get here till later, I wasn't supposed to come down but I just did, I had to make sure [M] was OK.' (Resident 2014)

'I was tremendously well prepared. But on the day there was no time. R the builder said grab your pills and we left. I turned off the gas and got my documents and journal. So well prepared but it was a fickle, fickle fire!' (Resident 2014)

As already discussed residents identified the RFS and the CFU as the agencies that supported them with preparedness or planning.

'Preparedness and the emergency plan... [that's] really something that we get from the RFS and CFU.' (Resident 2014)

'The plan comes from RFS somewhere in head office now – we used to be more involved, really involved but the planning doesn't happen at the local level anymore.' (Resident 2015)

No one in the sample identified that Red Cross Outreach had helped them to be 'better prepared in case of another bush fire', 'motivated them to develop and emergency plan' or 'enabled them to be more able to act in another emergency'. By the final resident interviews in 2015, however, there has been a noticeable increase in reported preparedness. 6 of 7 residents interviewed (85.7%) reported being more prepared for another fire event.

'We have developed a fire plan for next time. Not just the CFU but the house. The house is quite fire safe. We have these auto shutters on all the windows when we are not home. We worked with the architect. The garage is where we would go – there is earth right up to the roof it is incredibly [fire] safe.' (Resident 2015)

'I wouldn't do anything differently, I did the right thing leaving quickly but our house is safer, that is what they say. We have a rain water system and tanks, concrete all

around the house and a steel carport. There is fire proof glass in all the windows.' (Resident 2015)

'It was too quick to be prepared but I am more prepared to know what to do because of what I know now. I would factor in the lack of water because it is so dry. A lot of people are better prepared but not the new people.' (Resident 2015)

For residents interviewed for the evaluation it was clear that they distinguished between being prepared for the fire they experienced and being prepared generally.

'There was no way to be prepared. It [the fire] just happened too quickly. We didn't even know it was happening and it was on us.' (Resident 2014)

'He [my husband] does it all, keeps the gutters clear, the tank is full, we have looked in to a generator too. We keep the place really tidy but on the day we had been up to the dentist and came back about 1:30. It was a beautiful day. Not a sign of anything. Then at 3pm we turned about and went out to pick up [our granddaughter] from school and there was just this huge wall of flames. It was just terrifying. So we turned around and came back. There was nothing else that we could do, there is only one road out.' (Resident 2014)

'I have lived here [Blue Mountains] all my life so I am pretty well prepared. I have my emergency bag and my important documents scanned but it didn't matter. No amount of preparation would have helped with that [fire].' (Resident 2014)

This had changed by the second round of interviews where people spoke of being more prepared for another fire event. Factors included:

- Knowing what to do based on their 2013 experience,
- Knowing when to evacuate,
- Factoring in the lack of water and the loss of power that may occur,
- Rebuilding homes to ensure better fire safety,
- Replanting the garden with fire tolerant / fire retardant plants, and
- Sharing the fire proofing systems/ watering with a neighbour.

'I am more prepared to know what to do. What I know now is helpful; I would factor in the loss of water (Yellow Rock).' (Resident 2015)

'They said [on the Emergency Services Phone Line] to fill our bath and put rolled up wet towels against the bottom of the door, but there was no water – it was too late. It was frightening. We would act more quickly on this ... next time.' (Resident 2015)

Interestingly, while residents reported that they felt 'better prepared' and 'more able to act in another emergency' this did not necessarily translate in to them feeling 'safer' except for those who had rebuilt a safer house. When asked about their feelings of safety some commented that 'there could be a fire tomorrow' and that 'it would depend on how it starts and the circumstances of the fire'. The bush fires in 2013 had been so swift and unpredictable that it left people feeling uncertain about their safety regardless of their 'preparedness' which had reportedly increased. A number of people spoke of increased anxiety for themselves or friends:

'A friend of mine lives in [suburb] and she heard the sirens all through the night and she couldn't sleep she was so worried. We all worry with the dry winds and heat. The smell of smoke.' (Resident 2015)

I could see the smoke from the Wentworth Falls fire from my window. It was so upsetting. I won't know if I will feel safe, safer until I move in [to my new house]. It is supposed to be safer but who knows how I'll feel...' (Resident 2015)

'We've helped our neighbours, they're elderly, get all of the leaves and debris under control so that feels better...but honestly I have had enough. After last time, we still want to get out of here [move to another location].' (Resident 2015)

Where Red Cross has had considerable success with residents in relation to preparedness has been through the Children's Services workshop that has already been discussed in this report as an example of good practice. 88% of participants indicated that they feel 'more prepared' as a result of their participation in the workshop and by April 2015 service managers and staff reported having spoken to parents about the preparedness planning for their service. 100% (25) of Children's Services workshop participants followed up through evaluation were confident their emergency plans would now equip them to make good decisions during an emergency and two services had had to implement their plans in the Warimoo fires. These are significant preparedness outcomes for Red Cross and partners.

Other partnership work Red Cross undertook that focused on preparedness including Mid Mountains Occasional Care Service (MOOCS) Meet your Street programs and the Pillowcase Program with primary school children were highly regarded by partners and would suggest that preparedness has been increased through this project work.

Objective Three: Appropriate recovery resources are disseminated and recovery training is provided for individuals, communities and community organisations

The outputs of the Red Cross Recovery Team have been consistently high over the period of the evaluation.³³ Over the two years of the Blue Mountains Recovery Program Red Cross have:

- distributed 5,507³⁴ resources (2,765 in 2014 and 2,442 in 2015) to community groups, partner agencies and individuals, and
- delivered or facilitated 38 training sessions with 1,125 people attending.

A total of 1,125 people attended activities in 2014 and 2015 (exclusive of people attending community events) with Red Cross either delivering or participating in 38 activities, in addition to 30 'resource only' activities where the Project Officer delivered resources to specific partners in a community setting.

The majority of activities were provided in the Blue Mountains LGA with one activity in Hawkesbury LGA and two in Lithgow LGA.

Recovery resources

5,507 recovery resources were disseminated to key agencies and community members including BMCC, schools, TAFE and community services (including Step by Step, neighbourhood centres, family day care, preschools, Catholic Community Outreach Worker, Anglican Ministry Centre, and UnitingCare) and through community events. Resources were used in training and at Household Preparedness forums and issued to services to distribute in the course of their work in the community (see Table 1).

Resource name	No. distributed 2014	No distributed 2015	Total distributed
Emergency REDiPlan: Four steps to prepare your household	450	196	646

³³ Data are sourced from Red Cross Recovery Monitoring Database unless otherwise indicated

³⁴ This does not include the distribution of resources by volunteers through Outreach which included referrals to Step-by-Step and other service providers.

Emergency REDiPlan: Household preparedness for seniors	106	1275	1381
Emergency REDiPlan: Household preparedness for people with a disability, their families and carers	69	180	249
REDiPlan Get Ready!	294	477	771
Psychological preparedness for disasters	136	0	136
Coping with a major personal crisis	352	0	352
After the emergency: a book to help kids cope with emergencies	532	96	628
Helping children and young people cope with crisis	289	85	374
Communicating in recovery	12	0	12
After the Emergency mp3 Player	504	128	632
Other	21	5	26
TOTAL	2,765	2,442	5,507

TABLE 10: RED CROSS RESOURCES DISSEMINATED IN 2014/2015

Resources were targeted to the most appropriate needs of the groups for example through the partnership with Hawkesbury Council 1,300 REDiPlans for seniors were distributed through a not-for-profit partner to support people in the Hawkesbury LGA that has 'pockets of significant disadvantage and isolation especially for elderly members of the community.' School partners and partners working with pre-school aged children highly valued the resources that were targeted at children however it was noted by one partner that the mp3 player was more appropriate to older children than younger children of primary school age.

Training sessions

Red Cross delivered or facilitated 38 training sessions over the two years of the Program with 1,125 people attending (See Table 2).

Name	2014 no. sessions	2014 no. people attendees	2015 no. sessions	2015 no. attendees	Total no. of sessions	Total no. of attendees
Community Recovery Information Series (CRIS)	10	176	0	0	10	176
Psychological First Aid (PFA)	2	44	7	95	9	139
Communicating in Recovery (CiR)	1	12	1	20	2	32
Preparedness Workshops	-	-	17	778	17	778
TOTAL	13	232	25	893	38	1,125

TABLE 11: RED CROSS TRAINING DELIVERED IN 2014/2015

Red Cross ran or supported a number of recovery events for community and service providers including 14 visits/talks by psychologists attended by a total of 350 people. Dr Gordon made a total of eight visits; five in 2014 and three in 2015 with 235 people attending. Jolie Wills from New Zealand Red Cross made four visits in 2015 with 48 people attending and two psychologists from the Australian Psychological Society (APS) ran two presentations in 2015; one to schools (60 participants) and one to service providers (7 participants).

The team also participated in a number of community events including an Australia Day BBQ in fire affected street, stall at Springwood Foundation Day and Anniversary events. In 2015 the Recovery Project Officer participated in an additional four community events.

Preparedness

There was a significant shift over the two years from PFA and CIR in 2014 to preparedness workshops in 2015 as the community 'bounced back' and was more focussed on

preparation in the event of another fire emergency. In 2014 the Red Cross Recovery Team either participated in or delivered preparedness support through 21 activities including:

- 4 Household preparedness forums led by neighbourhood centres, partnering with RFS and Red Cross,
- 11 household 'preparedness drop in' visits by Red Cross and RFS in advance of the forums to playgroups, social groups/clubs, neighbourhood centre volunteers, vision impaired group, occasional care service,
- 5 workshops including the 'Planning for Emergencies' workshop for children's services and preparedness workshops for people with a mental illness, and
- A preparedness stall at an aged care expo.

In 2015 the team ran 17 Preparedness Workshops that were attended by 778 people.

Outreach

A total of 2,020 households were visited during these five Outreach rounds 1,089 residents being spoken to.³⁵ The Red Cross Recovery Team coordinated five rounds of Outreach conducted by Red Cross volunteers in bushfire affected areas between March 2014 and November 2015. These were made on 16 separate days during February/March, August and November 2014 and March/April and November 2015. The focus of Outreach effort was in Winmalee, Yellow Rock and Mount Victoria areas that had suffered the greatest impact from the fires however it also extended to take in the areas of:

- Bell,
- Berambing,
- Bilpin,
- Clarence,
- Dargan,
- Katoomba,
- Mountains Lagoon,
- Mt Irvine,
- Mt Tomah,
- Mt Wilson, and
- Springwood.

Year	Households visited	Residents spoken to
2014	1,054 households	544 residents
2015	966 households	545 people
Total	2,020 households	1,089 people

TABLE 12: BLUE MOUNTAINS RED CROSS OUTREACH 2014-2015

The findings from the Red Cross Outreach reports reinforce the value of Outreach to the community. Even two years after the fires many people were still 'keen' to talk about their experience of the fires and to 'tell their story.'

There was a change in focus of residents from 2014 to 2015 with the early Outreach reporting details of the events on the day and peoples responses including the role of the RFS and emergency service providers, responses to evacuation and responses to hazard reduction. While later Outreach reports indicated that that people were still very interested to talk about what happened to them on the day there was less focus on emergency responses and evacuation etc.

³⁵ Source of data is Red Cross Emergency Services Outreach Reports for Feb/March 2014, August 2014 and November 2014, March 2015 and November 2015.

In February 2014 'survivor guilt was a prevailing experience, with volunteers repeatedly being told that while they may be struggling, Red Cross should focus on 'people worse off' who have lost homes or were under greater threat during the fire event.'³⁶

Connectedness was reported as being high from the outset.

The most dominant feedback across all themes was the strong support and resilience of close-knit communities, particularly in more isolated areas along Bells Line of Rd. Many people in Winmalee, Yellow Rock and Mt Victoria described their communities were closer as a result of the fires, with neighbours assisting to clean up and regular community gatherings taking place.³⁷

The shared experience of the fires has brought people together and this was a consistent theme arising from the Outreach reports.

Community members described feeling either the same, or better connected to their community after the bushfires. They described increased communication between neighbours and that people are more likely now to 'say hello'. This was reported by both long-term and new residents. (Outreach Report August 2014)

People also described neighbours support immediately after the event, and that they'd had a number of organised community get-togethers since the fires. (Outreach August 2014)

Some community members described feeling better connected to their community after the bushfires. They described increased communication between neighbours and people watching out for one another, especially for those who had lost their homes. (Outreach November 2014)

Concerns and issues changed over time however it is worth noting that increased anxiety arising in November 2014 and November 2015 (two years after the event) due to the coming fire season. People were concerned about the danger of new fires and still reported on the heightened levels of anxiety that they were experiencing.

Anxiety about the upcoming fire season was a common theme, with hot weather and westerly winds mentioned as triggers. One woman expressed reluctance to leave the house on days of extreme fire danger. (Outreach November 2014)

Many residents (12) described either their own or family members anxiety. One described how they desperately needed a holiday but his partner wasn't ready to go away. Some parents described their children's anxiety and nightmares, while some mentioned partners who were highly stressed and not coping well. (Outreach November 2014)

Anxiety about the upcoming fire season was a common theme, with hot weather and westerly winds mentioned as triggers. One woman expressed reluctance to leave the house on days of extreme fire danger. (Outreach November 2015)

Many residents (12) described either their own or family members anxiety. One described how they desperately needed a holiday but his partner wasn't ready to go away. Some parents described their children's anxiety and nightmares, while some mentioned partners who were highly stressed and not coping well. (Outreach November 2015)

Many also described their neighbour's anxiety and suggested volunteers talk to particular people in the street. This was sometimes accompanied by saying 'there are

³⁶ ibid

³⁷ ibid

other people who need help more than I do'. Some adults also mentioned they or members of the family had been receiving counselling. Many described they still felt stressed, and some had health problems as a result of the bushfires that were still be resolved. (Outreach November 2015)

GOOD PRACTICE CASE STUDY 1

Children's Services Workshop – Planning for Emergencies

The Red Cross Blue Mountains Recovery Program worked with key partners to deliver improved preparedness outcomes to Children's Services in the Blue Mountains has been identified as a good practice case study. It has been identified as good practice because it has been highly successful in meeting its project objectives and also it clearly reflects two of the objectives of the Red Cross Recovery Program which are that:

1. the community (key stakeholders and providers) identified this as a priority and the services are 'supported to drive their own recovery' which has been done through a careful process of engagement and consultation; and
2. appropriate recovery resources are disseminated and recovery training is provided for individuals, communities and community organisations.

The work with Children's Services is an excellent example of how Red Cross can work effectively to pursue its common goals of 'listening to the community' promoting 'community driven recovery' and supporting communities to be 'better prepared' and 'more able to act in another emergency'.

Background to the Project

The work in this sector was identified from within the community by key stakeholders. In 'listening to the community' it became apparent to the RC Recovery Project Officer and team that there was a clearly identified need to support children's service providers with their emergency planning.

As outlined in the Planning for Emergencies report children's services in the Blue Mountains are provided by:

- BMCC
- private preschools,
- community preschools,
- Out of School Hours (OOSH) services,
- family support services,
- community long day care,
- occasional care services and family day care

There were five children's service providers directly impacted by the October 17 2013 Linksview fire however other providers expressed concern about their 'level of preparedness for future events'. The March 2014 Blue Mountains Child and Family forum was dedicated to the childhood sector services with the group identifying a range of questions as being of importance including:

- What is the role of emergency services during an event?
- How can we prepare for events that happen quickly?
- How can we better prepare our physical premises?
- How are we responsible to staff, parents and children during an event?
- How should we communicate our plan to staff, parents and children?
- Are there issues specific to service type or location we should consider?³⁸

³⁸ Planning for Emergencies: a workshop for Children's Service Providers – Summary Report prepared by Red Cross August 2014 p. 1

Development of the Response

This forum led to the development and conduct of the Planning for Emergencies workshop specifically targeting children's service providers. The workshop was designed in collaboration with key partners and reflected the real needs identified by representatives of the services. The workshop, run on 28 July 2014, was attended by 45 participants from 33 services.

Coordinated and facilitated by Red Cross, the workshop was a collaborative effort between a range of key partners involved in the planning and conduct of the event. Partners included BMCC, Mountains Outreach Community Services, the RFS, the SES, Police, Fire and Rescue, the Local Emergency Management Officer (LEMO) and Regional Emergency Management Officer (REMO) and Department of Family and Community Services (FaCS). The Miller Group was invited to give feedback on both the development of the workshop program and the evaluation process for the workshop.

Outcomes from the Workshops

As identified in the Program Logic Model for this evaluation (see Attachment 1) the Planning for Emergencies workshop reflects the following activities identified as process level outputs:

- Work with community stakeholders to identify areas of need for recovery support
- Promote community led recovery to all partners and in all for a
- Provide relevant training; psycho-social and preparedness including: CRIS, Psychological First Aid
- Provide support to partner agencies with recovery messages, resources and activities
- Run and support recovery events
- Disseminate recovery resources to key agencies and community members including preparedness support

In the evaluation program logic the short term outcome for this target group was that Children's Services have identified their own recovery goals

Overarching Outcomes: The community identified this need and the services are 'supported to drive their own recovery' and appropriate recovery resources are disseminated and recovery training is provided for individuals, communities and community organisations.
Target group: Children's Services - Residents
Short Term Outcomes: Children's Services have identified their own recovery goals
Indicators
<ul style="list-style-type: none"> • Planning for Emergency Workshop attended by 45 participants from 33 services. • 100% developed a to do list for follow up action • 100% agreed or strongly agreed that following the workshop, they felt confident that there were changes their services could make to their emergency management plan and strategy to be better prepared • 89% agreed or strongly agreed that their answers about emergencies had been answered

TABLE 13: INDICATORS OF SHORT TERM OUTCOMES - CHILDREN'S SERVICES HAVE IDENTIFIED THEIR OWN RECOVERY GOALS

The medium term outcomes for this target group was that Children's Services have increased capacity to deal with a future emergency. 3 months after the workshop the evaluation found:

Overarching Outcomes: The community identified this need and the services are 'supported to drive their own recovery' and appropriate recovery resources are disseminated and recovery training is provided for individuals, communities and community organisations.
Target group: Children's Services - Residents
Medium Term Outcomes: Children's Services have identified their own recovery goals
Indicators
96% (25) reported having taken action on 'at least one or more' of the items on their 'to do list' since the workshop
85 % (22) also reported that they had identified changes subsequent to the workshop that were in addition to those they had originally identified in their to do list
Taking action as a result of the workshop is important however perhaps equally as important is the fact that three month after the event 88% (23) indicated that they felt 'better prepared' as a result of the workshop
92% (23) had undertaken preparedness activities with staff

TABLE 14: INDICATORS OF MEDIUM TERM OUTCOMES - CHILDREN'S SERVICES HAVE INCREASED CAPACITY TO DEAL WITH A FUTURE EMERGENCY

The longer term outcomes were that Children's Services are empowered to enact their new programs and well-prepared for the next bush fire emergency. Nine months after the workshop participants reported the following:

Overarching Outcomes: The community identified this need and the services are 'supported to drive their own recovery' and appropriate recovery resources are disseminated and recovery training is provided for individuals, communities and community organisations.
Target group: Children's Services - Residents
Longer Term Outcomes: Children's Services are empowered to enact their new programs and well-prepared for the next bush fire emergency
Indicators
<ul style="list-style-type: none"> • Parents/carers and children of centres have been informed about preparedness planning, • 88% (22) had undertaken preparedness activities with parents, • 96% (24) had undertaken preparedness activities with children, • 100% (25) were confident their emergency plans would now equip them to make good decisions during an emergency, • 64% (16) had not experienced obstacles in implementing changes, while 9 (36%) mentioned challenges, and • Two services had to activate their emergency management plans over the bush fire season during the Warrimoo bush fire.

TABLE 15: INDICATORS OF LONGER TERM OUTCOMES - CHILDREN'S SERVICES ARE EMPOWERED TO ENACT THEIR NEW PROGRAMS AND WELL-PREPARED FOR THE NEXT BUSH FIRE EMERGENCY

Good practice evaluation

In addition to effective planning and delivery this project also exhibited all of the elements of good practice evaluation which include:

- Meeting outputs and initial outcomes of the Program Logic,
- Collaboration with, and engagement of, key stakeholders and partners in the early scoping of the project,
- The design and integration of evaluation tools and approaches into the conduct and follow up of the workshop,
- Pre-workshop planning involving key stakeholders including representatives of the services,
- Pre-workshop registration to fine tune and understand participant needs and also to gather base line data,
- Immediate completion evaluation by participants and facilitators at the end of the workshop, and
- Follow-up phone calls to participants at 3 months and 9 months.

The team established a mechanism to measure behaviour change as a result of attendance at the workshop and sufficient resources were allocated by Red Cross to allow for follow up phone calls to participants to occur.

The inclusion of a 'to do list' activity at the workshop formed the basis for subsequent follow up and allowed the Recovery Project Officer and team to track the impact of the workshop in the longer term. Participants were invited to write up a 'to do list' during the wrap up session of the workshop. This list reflected the three things that services identified that they would seek to change about their service practice as a result of their attendance at the workshop. This 'to do list' was posted back to participants with a workshop summary after one month and used to support organisational change. It was also the basis for the follow up evaluation to determine the effectiveness of the workshop in leading to behaviour change.

To do list actions included:

- Improve policies and procedures,
- Talk to management committee,
- Talk to families about their plans and our plans,
- Have contingency plans,
- Talk to staff about their own plans/roles and responsibilities,
- Download Apps i.e. check Fires Near Me App during peak season,
- Improve communication plans and equipment for during events,
- Contact with local emergency services,
- Review safety of building/facility,
- Network and liaise with other local services,
- Practice plans, and
- Practice emergency procedures- different scenarios.

The short term outcomes (gathered from the 3 month post phone interviews) were extremely positive and have been reported above. Of the 45 workshop participants 31 provided a 'to do list' and all agreed to receive follow up phone calls at the workshop. To avoid duplication of responses from services that had more than one person attend the workshop only one person from each attending service was contacted during follow up. This meant that a total of 26 follow up phone calls were conducted by a Red Cross volunteer.

Taking action as a result of the workshop is important however perhaps equally as important is the fact that three month after the event 23 people (88 per cent) indicated that they felt 'better prepared' as a result of the workshop. When asked at this time to comment on the usefulness of the workshop responses included:

- Structure
 - Format very useful- emergency services helping groups, group work, talks from different perspectives
 - It was a great to share ideas with other services
- Self-reliance
 - We now know we can't wait around for help,
 - Need to be proactive and self-reliant in an emergency and make our own judgement
- Accurate information
 - Neighbourhood Safe Place isn't necessarily the best place to go
 - Now understand the need to plan for multiple scenarios with multiple options
 - We now have a better understanding of where to access information during an emergency
- Concerns
 - We still have some concerns about lack of communication from Department of Education in emergencies not reaching some services

One key partner reported that work on this partnership project with Red Cross had led to an internal shift towards understanding the benefits of effective monitoring and evaluation to the promotion of improved services and outcomes for the community and this in itself is a significant outcome.

Longer term behaviour change

The self-reliance and increased agency of workshop participants is very important if the Red Cross goal of 'community driven or community led recovery' is to be met. Participants have indicated that they felt more 'self reliant', 'more able to act' and 'better prepared' as a result of the workshop and the workshop follow up³⁹. Having services that have felt vulnerable and underprepared identify that they are increasing their ability to be prepared for another emergency is significant.

There is evidence from a review of the outcomes that the great majority of participants of the workshop are:

- More informed,
- More self-reliant,
- Better prepared,
- More able to act in another emergency,
- Making changes to their plans, policies and processes, and now importantly
- Engaging with their parents and children to extend the preparedness message.

It would be valuable to approach the services after the next fire season to determine the effect that the workshops had in the longer term.

Following the success of the program the workshop is being delivered in other locations across NSW in 2015 and 2016. It has also been customised for delivery to community service organisations the Blue Mountains with this work coordinated by the MCRN.

GOOD PRACTICE CASE STUDY 2

³⁹ Twenty three participants (88 %) from the Report of Findings from the Workshop

More than a Fire Plan Workshops

Background to the Project

An important outcome from the work for the Red Cross Blue Mountains Recovery Program was the transfer of learning from the Children's Services workshops Beyond the Emergency Assembly Point (BTEAP) to the rest of the community services sector through the provision of emergency preparedness workshops.

Initially the Red Cross Recovery Project Officer and the Branch Manager for the RFS worked closely on the development of this program to bring together the strengths of each organisation – psychological and physical preparedness. The program is now being coordinated by the Mountains Community Resource Network (MCRN).

About the Workshop

More than a Fire Plan (MTAFP) is a community-based workshop developed from the identified demand in the community for a short, targeted program that promoted a combined psychological and physical preparedness message.

The program was also supported by the Mountains Outreach Community Service (MOCS), who extended the delivery of the program to parents and carers in the mid Mountains (Preparedness Clinics). In addition, MOCS and Mid-Mountains Neighbourhood Centre (in partnership with the RFS) developed the Meet your Street program to support community connectedness and preparedness at the local street/neighbourhood level.

More than A Fire Plan is a partnership between the Red Cross, the Rural Fire Service and community service providers (including local Neighbourhood Centres). The three hour workshops offered community forums for local residents to learn about emotional and practical preparedness. The anticipated outcomes for the workshops

- Increased awareness of emergency preparedness within the community
- Increased number of residents updating/creating and practicing emergency plans
- Increased number of community members with connections within their local community
- Positive connections between the local community and emergency management sectors.

Content of the Workshop

The three hour program includes:

- An introduction to the role of key emergency services
 - NSW Rural Fire Service
 - Fire & Rescue NSW
 - NSW Police
 - State Emergency Service (SES)
- What to expect from these services during an emergency event
- An introduction to the importance of emotional preparedness (and the role of the Red Cross in recovery)
- Issues for individual and community empowerment through preparedness including:
 - The planning process - property preparedness + physical preparedness
 - Psychological/emotional preparedness
 - Information access and technological access (incl. websites and useful apps)
 - Risk issues and hazards

- The difference between Neighbourhood Safer Places, Evacuation Centres & Recovery Centres.

Delivery of the Workshop

In 2014 four forums were run in the community at Blaxland, Katoomba, Lawson and Springwood. In 2015 an additional two forums were run at Yellow Rock and Blackheath and two are planned for 2016. (See Table X below)

2014	
Location	Number of attendees
Blaxland	26
Katoomba	-
Lawson	40
Springwood	- ⁴⁰
2015	
Location	Number of attendees
Yellow Rock	14
Blackheath	51
2016 (planned)	
Location	Number of attendees
Lawson	TBC
TBC	TBC
Total (including 2014 total see footnote)	191

TABLE 16: SUMMARY MORE THAN A FIRE PLAN WORKSHOP DELIVERY

Outcomes from the Workshops

Results from the 2014 / 2015 evaluation include:

- Over 90% of attendees had a greater understanding of how emergencies could affect themselves and their properties
- Over 90% of attendees committed to undertaking some actions to increase their preparedness
- Over 80% of attendees agreed that their household will discuss their emergency plan.

Community partners and the RFS identified More Than a Fire Plan as a positive example of the impact of the Red Cross Blue Mountains Recovery Program. The program demonstrated:

- good practice in community engagement
 - 'listening to the community'
 - the identification of a community-based need
 - the development of a solution to meet this identified need

⁴⁰ Accurate data for attendance at the workshops at Katoomba and Springwood in 2014 is unavailable. The total number of participants at MTAFP for 2014 was 126. Data provided by MCRN.

- the consolidation of ongoing relationships between the RFS and community sector organisations
- the promotion of the psychosocial recovery message and the value of linking physical and emotional preparedness to deliver a powerful message.

Future of the Workshops

The Recovery Project Officer worked closely with MCRN to develop an ongoing project to support the sustainability of this workshop program and others identified by the community⁴¹. Funding was secured from a range of sources including the Ministry for Police and Emergency Services (MPES) Community Resilience Innovation Program (CRIP), Westpac and Foundation for Rural and Regional Renewal (FRRR) grants.

Partners also identified that the program was evidence of the sustainability of the impact of the Recovery Program due to the ongoing demand for its delivery. There is the potential to extend the reach of the program to many other vulnerable/at-risk groups in the community including:

- Sporting groups
- Children's after school activities
- General Practitioners.

⁴¹ In addition to *More than a Fire Plan* the Preparedness Coordinator employed by MCRN also worked on the provision of customised training (*Preparedness Clinics*) for specifically-targeted vulnerable/hard to reach residents; and also rolled out workshops for community services organisations, based on the successful *Children's Services Workshops Beyond the Emergency Assembly Point*.

TRANSFER OF KNOWLEDGE – ‘THE RIPPLE EFFECT’

There has been a great deal of discussion over the life of the Program, between the team and the evaluators and by members of the Evaluation Reference Committee about the importance of mapping the ‘ripple effect’ of the work of the Recovery Program with partner organisations. The ripple effect refers to the transfer of knowledge from Red Cross to its partners and then to their partners partners and other members of the community. The sociogram⁴² was designed to map some of these connections overtime by asking people to identify someone with whom they had shared something they had learnt from Red Cross who would be contacted for a follow up interview to confirm these findings. This sought to capture the transfer of learning from material, information and messages provided by Red Cross to partners and beyond.

All partners interviewed as part of the sociogram reported that there had been considerable value in what had been ‘transferred to them’ or ‘what they had learned about recovery work’ and ‘the importance of psycho-social recovery’ in particular. Council operations staff benefited from gaining skills in how to communicate more effectively with residents who had experienced trauma and were also encouraged to talk about the impact that the experience of the fires had had on themselves and their families.

‘Our volunteers felt frustrated. On Singles Ridge Road he said ‘I’m speaking badly to people, making things worse’. But it was no one’s fault. They [RC] work with psychologists and counsellors, they could bring in the PFA and our guys could learn. It is a really big shift of culture from putting the wet stuff on the red stuff to trying to address the person.’ (RFS 2015)

‘I have shared a lot of this [information from Red Cross] with my colleague from Winmalee Brigade – we are working on the same things.’ (RFS 2015)

‘I incorporated their material in to my worksheets that I used at the Practicing Positive Education Conference – I was looking at managing trauma and developing a positive psychology response to trauma. With children and adolescence you need a slightly different approach. We are looking at resilience support but we don’t mention the fires.’ (School Partner 2015)

Of the remaining two one was a senior manager in a partner organisation in a different region and one was a senior manager in the operational area of Council. Of particular note is the transfer of the Children’s Services Workshop Planning for Emergencies from the RFS in the Blue Mountains to the RFS in the Hunter region. The following Case Study outlines this process and the outcomes.

In addition to the direct transfer of knowledge within and between organisations it became apparent from a close analysis of the data that many partners had shared information and resources and put people in touch with Red Cross where they saw a need. Partner commented on the close and effective relationships between key partners with Red Cross including the Manager MCRN, BMCC, and RFS Community Engagement Team that had led to intense sharing, support and positive project outcomes. Others commented that the location of the Red Cross Project Officer with Council and their involvement in the governance mechanisms for recovery had been effective in establishing early and sustained connections with a wide cross section of organisations.

⁴² Six people were identified and interviewed for the sociogram during the initial interview process and (2014) and five of the six were able to be contacted at the time of the second data collection. Of the six people identified in 2015 three of these people were already partners of Red Cross or had become partners over the 12 month period and were interviewed as part of the general partnership sample.

Sociogram Case Study

Interviewee: RFS District Officer for Dungog, Maitland, Port Stephens and Cessnock

How the transfer of knowledge came about

'My work with Red Cross came out of a conversation with TJ [RFS Community Engagement]. The issues that came out of the Blue Mountains were the same ones I saw here [in the Hunter region]. Schools, Aged Care facilities and Children's Services centres were not well prepared.

I got awareness of Red Cross work through TJ. The connections were made between TJ and the contact for Red Cross in the Hunter CT who spoke to the Recovery Team, DB and JH about the work.'

What was transferred?

'We contracted Red Cross to work with Children's Services in Port Stephens in May 2105. 30 centres were invited to attend a workshop, 15 accepted and 12 attended.

Their plans are not robust. We picked holes in their plans. Child care centres were going to evacuate to schools but hadn't thought about what to do if the school was evacuating or going in to lock down then no one gets let in. No one at all!

The scenarios were great – you are evacuating and a classroom is on fire – what do you do? It gets people talking, talking about contingencies. A child goes missing during the emergency, what do you do? The things you never think about but need to think about.

We got them to think about how they would network with each other and how they would communicate with parents. We also focus roles; what is the role of the SES, what is the role of the police and fire service. It is really important for people to know.

The program [workshop] is great but we shortened the program – condensed it down to 2.5 hours which suited people better.'

What happened as a result?

'It was a fabulous experience and a great partnership. We can now look at other things in the community around planning and strategy.

There has been a great increase in psychosocial awareness. I think it was pretty non-existent before. It has definitely increased as a result of this work. I have also learnt about the importance of looking after yourself well. My friends have all been saying to me I work too hard. RC say you should identify three things to do for yourself to support your own wellbeing. All very important, so I have decided to take some more time for myself.'

Plans for the future

'There are 3,000 volunteers in this region and I would like them to be trained in PFA in 2016. It is really important. We [RFS and RC] have the same messages so it is important to do it together.'

CONCLUSION

The Red Cross Blue Mountains Recovery Program has been successful in meeting its goals and objectives. It has supported the community impacted by the fires to drive their own recovery, psychosocial recovery has been recognised by partner organisations as critically important for recovery and appropriate recovery resources are disseminated and recovery training is provided for individuals, communities and community organisations.

For a finite program (two years funding) and a small team (one Project Officer supported by a small Sydney based team) Red Cross has made a significant contribution to the recovery work in the Blue Mountains community. The Program has been relevant to the needs of the community and has focussed on supporting the community with its recovery. It has also been well supported in this work by the local Blue Mountains Red Cross Branch and volunteers who provide Outreach to the fire effected community.

The two year time frame and the structure and coherence given to the Program by the Program Logic has enabled the team and the Project Officer to target their work effectively and to spend the time required at the beginning of the Program to build positive and trusting relationships that have benefited the longer term outcomes.

As time has passed the focus has shifted from direct recovery work to preparedness as the two are closely interconnected. Effort has been spent on building the capacity of partner organisations and supporting them with the sustainability of their psychosocial recovery (PSR) work. The work of the Program has focussed on developing positive and productive partnerships with organisations in the community and those that have a wider emergency management and support remit. Partners have greatly valued their partnerships' with Red Cross and benefited from access to Red Cross expertise and resources. It has been established that Red Cross offers a number of things that are unique and highly valued by partners including:

- Expertise on disaster resilience based on international and national experience over many years,
- Evidence based high quality and well targeted resources,
- Targeted training to support the skills of front line staff in Council, Health, Emergency Services, Schools etc in dealing with people impacted by natural disasters,
- Access to expert presenters who have 'been through what we have been through' such as Dr Rob Gordon and Jolie Wills,
- A well trained volunteer base and Outreach support for the community,
- Useful data from Outreach on the current state of the community feeling towards recovery,
- The ability to coordinate effort and facilitated partnerships due to their external funding and partnership network, and
- The ability to add value to funding applications to extend the communities recovery responses.

Several projects of significance have arisen from this work including the preparedness workshops developed for Children's Services Beyond the Emergency Assembly Point, the emotional and physical preparedness workshops for residents More than a Fire Plan and Meet your Street, a community connectedness program for local communities. The extension of existing programs such as the Pillowcase Project for primary school children, the PSR support work for school counsellors and teachers to support high school aged children and the work PSR work for front line health professionals and Council staff have all also been highly valued and have had lasting impact on both partners and the community.

Partners also valued Red Cross's flexibility, persistence, independent position and internationally recognised reputation. The skills of the Project Officer and the team were also

highly valued and were identified by partners as leading directly to improved and positive outcomes for recovery work generally.

Certain key relationships were instrumental in producing the longer term outcomes including the partnerships that developed between the Project Officer and the BMCC Recovery Team, the MCRN, the RFS Community Engagement Team and local branch and volunteers, various Neighbourhood Centres and local school staff and school and district counselling. All of these partnerships led to positive and significant outcomes for recovery and while Red Cross was not 'responsible' for these outcomes it is clear from the evaluation that without Red Cross many of these outcomes would have been slower to develop, less well resourced and with less emphasis on the importance of psychosocial wellbeing for recovery.

Community resilience in the Blue Mountains was reportedly high prior to the fires⁴³ and the fire event 'brought people in the local community' closer together through their shared experience of the event. The increases in the indicators of resilience; connectedness, agency and preparedness, while not directly attributable to Red Cross, have been closely documented in this report as they can inform future work on community resilience in the Blue Mountains and other communities. While direct attribution is difficult it is clear that Red Cross played a role in 'increasing the wellbeing of residents through Outreach' and has 'supported increased resilience' through its ongoing work with partners on local projects such as the Children's Services Workshops, Meet your Street and the Pillowcase Project.

Program improvements that have been considered or acted upon during this evaluation include:

- Introducing Outreach closer to the time of the initial event and encouraging or enabling the same volunteers (subject to resourcing and the locations being targeted) to return repeatedly to a particular area to reinforce and build connectedness, and
- Introducing the supporting the supporter material earlier in the program to reduce the impact of 'recovery burn out' for people and partners working in recovery,
- Pursuing a strategy of using Outreach volunteers to conduct evaluation of their effort has been attempted through this program however for this strategy to succeed training in basic evaluation techniques would need to be made available to volunteers. This would ensure that valid and reliable data is gathered by volunteers and that those volunteers who do take on an evaluation role understand the difference between this role and that of general Outreach.

Otherwise the Program has been extremely successful; the community has been provided with a range of excellent recovery and preparedness resources, recovery and preparedness relationships have been developed between partner agencies that, reportedly, will be sustained and will benefit the whole community and programs have been facilitated that have led to increased capacity in key service partners across the Blue Mountains LGA and beyond.

⁴³ See Interim report of the Evaluation of the Red Cross Blue Mountains Recovery Program

ATTACHMENT 1

A Summary of Outcomes and Indicators

Scope (Target Group)	Short Term Outcomes 2014	Indicators 2014	Medium Term Outcomes 2015	Indicators 2015	Longer Term Outcomes 2015	Indicators 2015
Partners	Partners are aware of the importance of psychosocial recovery	<p>▲ 18 (100%) of partners interviewed were aware of the importance of psychosocial recovery</p> <p>▲ 8 of 12 partners (66.6%) completing the general partnership survey (2014) reported that there had been an increase in their understanding as a result of their partnership with Red Cross</p> <p>▲ 18 (100%) of partners sought advice and input from RC Team on the development of their own programs or projects</p> <p>▲ Valued messages from Dr Rob Gordon and Dr Jolie Wills to reinforce PSR message</p>	Partners understand and promote psychosocial recovery	<p>▲ 16 (88.8%) of partners interviewed are more confident in their understanding of the psychosocial recovery message</p> <p>▶ 3 (16.6%) already had a high or significant level of understanding of psychosocial recovery message so had not seen an increase</p> <p>▲ 18 (100%) of partners identified they have 'enhanced' their approach to recovery</p> <p>▶ 4 (21%) of partners noted that within their larger organisations some changes were at the local level and sustainable changes to the bureaucracy may be harder to sustain</p>	Partners provide leadership (champion) psychosocial recovery	<p>▲ 11 (61%) of partners interviewed were leading recovery projects that had a psychosocial approach</p> <ul style="list-style-type: none"> • Children's Services Workshops Beyond the Emergency Assembly Point (BTEAP) • More than a Fire Plan • Meet your Street • BTEAP for community service providers • BTEAP in expanded locations funded by CRIP • Additional programs for parents and carers of young children <p>There was strong evidence of transfer of knowledge. Key messages including:</p> <ul style="list-style-type: none"> • importance of PS wellbeing to general recovery • length of time recovery takes • impacts on family and friends • importance of leisure • need to support the supporters <p>▲ 17 (94.7%) of partners including for the sociogram</p>

						had used or shared information, approach or learning from Red Cross presentation, material or meeting. The Planning for Emergencies Workshop has been transferred to other communities including the Hunter (sociogram interview) and workshop approach and findings presented at emergency services workshop in US
	Red Cross Team is seen as a partner by key agencies	▲ 100% of 18 agencies interviewed identified Red Cross as a 'valued' partner	Partnership networks have expanded and the quality of partnerships are deeper	<p>▲ Recorded partnerships increased by 9 in 2015 from 23 partner agencies in 2014 to 32 agencies in 2015 an increase of 39%</p> <p>▲ From these agencies there were 66 individuals who were identified as having partnered with Red Cross</p> <p>▲ 10 (55.5%) of partners interviewed identified or spoke of deeper relationships with other agencies, organisations, partners. 6 of these 10 (60%) directly attributed this success in part to the work of Red Cross</p> <p>▲ 15 (83.3%) of partners spoke of collaborating on psychosocial recovery projects</p>	Partners connectedness has increased	<p>▲ 11 (61%) of partners interviewed indicated that their connection to other agencies has increased as a result of the recovery work they have undertaken</p> <p>▲ 18 (100%) of partners indicated that Red Cross has been valuable in the recovery process (a trusted source of recovery expertise) Partners expressed confidence that projects (if they were ongoing - dependent on funding) and working relationships will continue on completion of RC Recovery project</p> <p>Lack of ongoing funding and the wind up of recovery programs were identified as having a direct impact on this</p>

				<p>▲ New sustainable partnership developed between community organisations and the RFS</p> <p>▲ Community partners have improved understand of the role of various emergency agencies in a fire event or during recovery</p> <p>▲ Red Cross partnered in 8 applications for external funding led by community and RFS and partnered on another 3 funded projects providing advice, support and resource</p>		<p>▲ Those partners who reported having developed strong relationships reported being confident that they would maintain their relationship once the Recovery program had completed</p>
Red Cross Outreach provides valuable information to partners about resident psychosocial recovery needs	<p>▲ 5 partners 41.7% partners interviewed identified that data provided to partners has been valuable</p> <p>▲ The evaluation interim report identified that Red Cross's volunteer base and outreach program was one of the key aspects that partners valued and that this provided a base that enabled Red Cross to responses to be both appropriate and relevant To keep abreast of trends in how individuals and the community are faring through the Outreach Program</p> <p>▲ 41.7% of initial partners interviewed identified links with</p>	Partners develop effective responses to meet identified needs (from RC Outreach)	<p>▲ 6 key partners (32%) of the partners interviewed identified that they used the Outreach data and that it was a valuable tool in planning and understanding the community needs. Remaining partners identified that they did not require access to the data and it was not relevant to them. Of the six that identified using the data 100% found it valuable and useful</p> <ul style="list-style-type: none"> • BMCC Council • MCRN • RFS • Step by Step • Members of Recovery Committees 	Red Cross Outreach data has been instrumental in improved recovery responses	<p>▲ 6 key partners that utilised Outreach data (100%) identified that RC Outreach data led to improved recovery responses</p> <p>▲ More important that the number of people using the data is the quality and usefulness of the data. Partners reported that it:</p> <ul style="list-style-type: none"> ○ supported programs and project development, ○ assisted with planning, ○ provided direct feedback on community needs and the recovery process, ○ supported partner organisations own goals i.e. Step-by-Step funded counselling service found their partnership with RC 	

		disaster and recovery organisations, experience working with communities recovering from disasters, information gathered by volunteers through outreach, a well-defined model that is simple and evidenced based and a trusted source in the local community				<p>Outreach vital to getting the message out to the community by 'piggy backing' on the Outreach process</p> <ul style="list-style-type: none"> o could be used with senior managers to help explain the experience or response of the community
Children's Services	Children's Services have identified their own recovery goals	<p>▲ Planning for Emergency Workshop attended by 45 participants from 33 services.</p> <p>▲ 100% developed a to do list for follow up action</p> <p>▲ 100% agreed or strongly agreed that following the workshop, they felt confident that there were changes their services could make to their emergency management plan and strategy to be better prepared</p> <p>▲ 89% agreed or strongly agreed that their answers about emergencies had been answered</p>	Early Childhood Centres have increased capacity to deal with future emergency	<p>3 months after the workshop</p> <p>▲ 96% (25) reported having taken action on 'at least one or more' of the items on their 'to do list' since the workshop.</p> <p>▲ 85 % (22) also reported that they had identified changes subsequent to the workshop that were in addition to those they had originally identified in their to do list</p> <p>▲ Taking action as a result of the workshop is important however perhaps equally as important is the fact that three month after the event 88% (23) indicated that they felt 'better prepared' as a result of the workshop.</p>	<p>Early Childhood Centres are empowered to enact their new programs and well prepared for the next bush fire emergency</p> <p>Parents/carers and children of centres have been informed about preparedness planning</p>	<p>6 months after the workshop</p> <p>▲ 92% (23) had undertaken preparedness activities with staff,</p> <p>▲ 88% (22) had undertaken preparedness activities with parents</p> <p>▲ 96% (24) had undertaken preparedness activities with children</p> <p>▲ 100% (25) were confident their emergency plans would now equip them to make good decisions during an emergency.</p> <p>▲ 64% (16) had not experienced obstacles in implementing changes, while 9 (36%) mentioned challenges.</p> <p>▲ Two services had to activate their emergency management plans over the bush fire season during the</p>

						Warrimoo bush fire.
Residents ⁴⁴	Residents engaging with Red Cross ⁴⁵ (interviewed or responding to other RC evaluations) are encouraged to identify their psychosocial recovery support needs	<p>▲ 1,089 people had been supported through Outreach 13% of residents in Winmalee, Yellow Rock and Mount Victoria (the focus of Outreach) as per 2011 census</p> <p>▲ Volunteers reported at debrief both increase and decrease in community connectedness. Some reports the local areas had changed as people had moved away. Others report increase in connection – people seeking help, talking to their neighbours, sharing ideas for assistance, information about grants and supports</p> <p>Of 11 residents interviewed: ▲ 9 (81.8%) of interviewed residents are able to identify their support needs ▲ 9 (81.8%) of residents interviewed report being well prepared before the fires ▲ Majority report feeling some discomfort at 'seeking assistance' and 'asking for help'</p>	Residents engaging with Red Cross (interviewed or responding to other RC activities or evaluations) levels of social and emotional wellbeing i.e. connectedness, agency and preparedness are increasing	<p>▲ Based on the late 2014 interviews with residents there is evidence to suggest that connectedness and agency are increasing but that preparedness is remaining the same</p> <p>▲ However the report of the Children's Services workshop participants indicates that 88% feel 'more prepared' as a result of their participation in the workshop</p>	Residents engaging with Red Cross (interviewed or responding to other RC activities or evaluations) report improved levels of social and emotional wellbeing including connectedness, agency and preparedness	<p>▲ increased preparedness</p> <p>▲ 100% (25) of Children's Services workshop participants followed up through evaluation were confident their emergency plans would now equip them to make good decisions during an emergency</p> <p>▲ 6 of 7 residents interviewed (85.7%) reported being more prepared for another fire event</p> <p>▲ increased agency</p> <p>See above indicator for Children's Services outcomes</p> <p>▲ 5 of 7 residents (71.4%) felt more able to access support and 71.4% more connected to support services</p> <p>► increased connectedness</p> <p>While 4 of 7 residents reported they were more connected some commented:</p> <ul style="list-style-type: none"> - Some locals have moved away - New people less

⁴⁴ Residents engaging with the Red Cross are those who participate in training or a Red Cross event or Recovery Outreach

⁴⁵ The Recovery Program Project Officer does not directly engage with residents on a large scale. This differs from Recovery Programs in other States and Territories. While the Volunteer Outreach program is coordinated by the Recovery Team, Outreach is not part of the funded two year Recovery Program.

		▲Community well connected but connections locally had increased for 9 of 11 (81.8%) ⁴⁶				<ul style="list-style-type: none"> - connected - We are very connected anyway - Things have returned a bit more to normal - People focused on getting on with things - We know more people as a result of having to come together
Residents engaging with Red Cross are better informed about preparedness	<p>Of 11 residents interviewed:</p> <ul style="list-style-type: none"> ▶ 4 (36.3%) of engaging residents interviewed identified that they were better informed about preparedness than before the bush fires ▶ Majority felt well prepared but the nature of the fire had caught them off guard – 'no amount of preparedness would have helped' ▶ 3 (27%) of residents identified what they would do differently in another next bush fire. Most felt that it was dependent on the nature of the fire. Long term residents generally felt well prepared 	Residents are engaging with preparation plans	<p>▲ 7 (100%) of residents interviewed and 100% of Children's Services staff who participated in workshop report that they are:</p> <ul style="list-style-type: none"> - actively engaging with improving their plans and - have identified and/or put in place things that will allow them to act more effectively in another fire i.e. <ul style="list-style-type: none"> - CFU has changed its approach - Our home is rebuilt and is now more 'fire safe' - We have better water/sprinkler systems - I have told my neighbour what my fire plan is - We have fire proof safe 	Residents are well prepared and more able to cope in the next bush fire event	<p>▲ 7 (100 %) of residents interviewed and 100% of Children's Services workshop participants report increased preparedness and ability to cope</p> <p>▲ For residents this was largely due to having been through the experience and having firsthand knowledge of what to expect</p> <ul style="list-style-type: none"> - Role of emergency services - Prepare for loss of water and power - Safer environment - More connected to community <p>▲ For Children's Services this was directly as a result of the collaborative project coordinated by Red Cross</p>	

⁴⁶ While connectedness, agency and preparedness all reportedly increased direct attribution to Red Cross is less clear see a full discussion in the body of the report.

ATTACHMENT 2

Project Officer External Partnership Projects 2015

Lead org	Contact	Project title	Date	Funding source	Fund ed?	RC in app?	Red Cross involvement
MCRN/SN CC	Kris Newton/ Toni Quigley	More than a Fire Plan	April- Sept 2015	NRMA/Foundation for Rural and Regional Renewal (FRRR)	Y	Y	Advice, support, workshop activities and presentations
MMNC	Laurie Strathdee	Neighbourhood gatherings	2015	Flexible Community Grants	Y	Y	Advice and attendance at events where possible (when advance notice given)
MCRN	Kris Newton	Preparedness Upskilling for Volunteers	2015	Westpac Grants	Y	Y	Advice, volunteer training and consultation
WHI	Rosalie Chapple	Fire Stories	2015	Flexible Community Grants	Y	Y	Advice and consultation
MOCS	Lyn Bevington	Supporting families to develop fire plans	2015	Flexible Community Grants	Y	Y	Advice, support and resources
Catholic Care	Celia Vagg	Youth resilience project	2015	Flexible Community Grants	Y	Y	Advice, support and resources
KNC	Kath Harrison	Evaluation tool	2015	MPES Community Resilience Innovation Program (CRIP)	Y	Y	Advice and consultation
MCRN	Kris Newton	Community Sector Disaster Plan	2015	CRIP	Y	N	Advice and consultation, facilitation at workshops where available and requested
WNC	Rosa Del Ponte	Childrens services preparedness resource	2015	NRMA	Y	N	Advice and editing of resource
LINC	Kim Scanlon	Community Preparedness Forums, Lithgow	2015	NRMA/FRRR	Y	Y	Advice, support, workshop activities and presentations
RFS	Andrew Kaye	Z-Card for homelessness preparedness	2015	RFS internal	Y	?	Investigating possible inclusion of RC messages and linking with stakeholders
Earth Recovery	Rosa Del Ponte	Homelessness strategy	2015	N/A	N	N	Advice and support

ATTACHMENT 3

Project Officer Reflections

Another example of 'evidence of a positive culture of evaluation' is the willingness of the Recovery Project Officer (PO) to complete a series of reflection questions that were collected fortnightly to begin with but then extended to monthly and then quarterly.⁴⁷

These reflections are being gathered for the following reasons:

- To build up an informal diary of activity by the Recovery Officer in a way that does not impose greatly on her already full work schedule
- Act as a reminder to the Officer to take some time to reflect on what is working well and what could be improved as the program develops which is a useful component of Process Evaluation
- To keep the Evaluators up-to-date with key activities and engagements
- To provide the Evaluators and team with insight into the ongoing process of Recovery

There was discussion with the team about the potential of the reflections at the end of the process of providing the basis for the development of a valuable in house tool on the 'journey of recovery' from the Project Officers perspective. Given the small size of the team and the fact that the Project Officer is largely working independently most of the time this record will supplement the more formal reports and evaluation findings.

Observations from the early reflections:

- Since the commencement of the formal reflection questioning (early November 2014) there was a reduction in recovery 'activities or events' and an increased focus on partnership meetings to take stock of what has been achieved, identify gaps and plan for 2015,
- Gaps identified have included supporting the homeless community in the Blue Mountains and Red Cross has also supported specific work/initiatives for Seniors and people with a mental illness,
- The Recovery Project Officer continues to prioritise working collaboratively with partners including the BMCC Recovery Team, the MCRN and other community sector agencies,
- There is a focus from key stakeholders on how to 'embed' findings from the past year into more formal processes and strategies to make the learnings more sustainable, especially when formal recovery support finishes up,
- The BMCC has requested that RC organise a forum for local governments with experience in recovery to come together and share experience and plans, and
- There has been a focus from the BMCC Recovery Team on Strategic Planning and Action Planning and the Recovery Project Officer has had close involvement in this work.

Some of the challenges to recovery work identified by the Recovery Project Officer include:

⁴⁷ There was a break over the December / January period due to evaluators being on leave. This process has recommenced and will be regular during 2015.

- Balancing the larger organisational needs of some partners who wish to see 'recovery' work completed or 'winding up' with the longer term recovery needs of the community,
- The limited or 'finite' funding available for ongoing recovery work,
- The fatigue felt by workers in recovery as 'recovery is a tiring business,' and
- Changes in key staff.

In early 2015 there were new projects and partnerships to engage with:

- The Project Officer attended a couple of 'introductory' meetings between partners (i.e. MCRN and LINC) where possibilities for collaboration in the coming year have been discussed.
- Within Red Cross there were discussions about approaches and focus for the coming year
- There was a definite move through local government and community sector organisations to try to capture what they've learned through this recovery that would inform their work if there were to be another disaster event in the Blue Mountains.
- As per previous year and the Red Cross approach to working with communities, a significant aspect of our work will be responding to requests regarding community need. For instance, in a recent meeting with the new BMCC Recovery Manager, it was decided that Red Cross could organise a forum for local governments with experience in recovery to come together and share experience and plans.
- There are a number of Blue Mountains projects we will be support or lead. Red Cross will also run 2-3 rounds of Outreach in the Blue Mountains and there are a number of projects led by our Blue Mountains community sector partners which have received funding for the coming year (particularly in preparedness) and have asked for Red Cross support or contribution in various ways (advice, presentations, workshops etc).

By the middle of 2015 things had changed considerably with regards to the nature and focus of the work:

- The work changed significantly over the past six months. Recovery work has definitely 'quietened down', while still acknowledging that individuals are experiencing different stages at different times. The type of work is now focused more on how organisations can integrate resilience into their 'regular business' rather than isolating recovery as an anomaly.
- The Recovery Program has engaged a range of new partners, in particular schools and RFS members, who have either requested or been offered training through previously established connections. For instance, Psychological First Aid has been run for a number of RFS Brigades and the Pillowcase Project was rolled out in four schools throughout the Mountains.
- Red Cross have also been 'bringing in' experts more from other areas (i.e. Kate Seibert from Yarra Ranges, Jolie Wills from NZ Red Cross), which keeps things fresh and offers new perspective for organisations who hear us talking all the time.
- We have also been working closely with BMCC as they formulate plans for transitioning out of recovery and consolidating their lessons learned.
- Some of RC work was 'transitioning' so the projects the Project Officer previously coordinated or took a lead role in were starting to be led by local organisations. RC been asked to be on advisory groups and interview panels for a number of community sector funded and led preparedness projects and roles.
- At a practical level, in upcoming workshops the new MCRN preparedness coordinator will firstly observe Red Cross running mapping activities, and then facilitate the activity in future workshops. The coordinator has also observed a number of RC service system preparedness workshops and will facilitate her own in the coming months using many elements of the structure developed by RC.

- Ongoing engagement of local volunteers in the recovery Program and other Red Cross programs so that the relationships built with Red Cross are useful to the Blue Mountains community beyond the official recovery Program. For instance, Winmalee High School is organising a Youth Volunteering Project with the RC Voluntary Service Business Partner, the Good Start Breakfast Club has been going well and we have had significant interest in the Pillowcase Project being offered more broadly in the Blue Mountains if there is ever the opportunity.

Challenges have included staff turnover and seeing other recovery workers struggle and become overwhelmed.

- There has been staff turnover/people leaving in many organisations, so key relationships are lost and it can take awhile for new people to 'get' psychosocial recovery. However a fresh perspective also has many benefits and brings new energy.
- Seeing others working in recovery struggling/getting overwhelmed. The Project Officer would like to see the recovery Program focus even more on 'supporting the supporters' from the very beginning. Self-care has been an important element of RC training but a psychologist-facilitated 'support group' for individuals working in recovery who cannot access professional supervision would have been beneficial from the very beginning.

Highlights from this time included:

- 'Beyond the Emergency Assembly Point' workshops- a series of five workshops on preparedness for children's services being rolled out in the Sydney region as a result of the Pilot in the Blue Mountains.
- Rob Gordon visit again in September just prior to the two year anniversary and prior to the bushfire season.
- The importance of working in a supportive organisation (like Red Cross) and how challenging it would be to work in recovery without a network of knowledge and understanding. Working in a community where the Red Cross branches and emergency services team already had a good reputation was also very beneficial.

The Project Officer observed that organisations supporting the community in recovery often have a parallel journey to the individuals going through recovery. What happened in the first days and weeks following a disaster has a big impact on the relationships, narrative and perspective of organisations engaged in recovery.

At the time of the final reflections (October 2015) the Project Officer commented on the community feelings related to the second anniversary:

- The community is mixed some are relieved time is passing, many are angry (at insurance companies/government).
- Many people are starting to realise just how long the recovery process will be.
- For many people, the stress of recovery is either exacerbating previous challenges (i.e. relationship issues, mental health, teachers having high workloads) or enhancing future stressors (i.e. kids transitioning from primary to high school).
- It is going to be a hot summer, so there is a fair level of anxiety over hazard reductions and long hot days.
- This is very different from last year this year it has been very low-key
- From within the recovery support sector, people are starting to relax and process a little more as they've 'survived' the past two years.
- There seemed to be consensus this year that there wasn't an appetite for anything official, just for positive messages reassuring people that their experiences were normal. Rob Gordon visited and there were some positive media articles locally (and some not-so-positive).

- There is a strong sense of local, ongoing services being 'united' as they will be the ones continuing to support the community after formal recovery services finish up.
- With only a couple of months to go for the Red Cross Recovery Program, there is a definite sense of 'wrapping up' relationships- continuing to support partnerships but not starting anything new. Having said this, there were two days PFA training planned for stakeholders with whom the team had previously had fairly low-key contact with, are supporting a number of preparedness workshops and are still regularly meeting with a number of advisory groups.

It is apparent from a review of the reflections of the Recovery Project Officer that she has been extremely engaged, committed and effective over the life of the Program. An ongoing theme throughout the reflections is the important role the Recovery Project Officer plays in supporting and working closely with partner agencies on their work in key project areas including; workshops, ongoing training, community based projects and activities and planning for the integration of ongoing recovery and preparedness into the day to day operations of community organisations.

ATTACHMENT 4

Partner Interviews 2014-2015

Data Collection 2014	
Partners Survey/ Sociogram Survey	Partner organisation
1. Partners Survey	Ministry for Police and Emergency Services
2. Partners Survey	Springwood Neighbourhood Centre
3. Partners Survey	Blue Mountains City Council
4. Partners Survey	Blue Mountains City Council
5. Partners Survey	Katoomba Neighbourhood Centre
6. Partners Survey	Rural Fire Service
7. Partners Survey	Nepean Blue Mountains Local Health District
8. Partners Survey	Department of Family and Community Services
9. Partners Survey	Salvation Army
10. Partners Survey	Department of Education and Communities
11. Partners Survey	Department of Education and Communities
12. Partners Survey	CatholicCare Social Services
13. Sociogram Survey	Springwood Neighbourhood Centre
14. Sociogram Survey	Blue Mountains City Council
15. Sociogram Survey	Lower Mountains Neighbourhood Centre
16. Sociogram Survey	Step by Step
17. Sociogram Survey	Rural Fire Service
18. Sociogram Survey	Mountains Community Resource Centre
Data Collection 2015	
1. Partners Survey	Blue Mountains City Council
2. Partners Survey	Blue Mountains City Council
3. Partners Survey	Blue Mountains City Council
4. Partners Survey	Katoomba Neighbourhood Centre
5. Partners Survey	Rural Fire Service
6. Partners Survey	Rural Fire Service
7. Partners Survey	Rural Fire Service
8. Partners Survey	Salvation Army
9. Partners Survey	Department of Education and Communities
10. Partners Survey	Department of Education and Communities
11. Partners Survey	Department of Education and Communities
12. Partners Survey	Hawkesbury Council
13. Partners Survey	Department of Police and Emergency Services
14. Partners Survey	Mountains Community Resource Centre

15. Partners Survey	Mountains Community Resource Centre
16. Partners Survey	Mid Mountains Occasional Care Service
17. Sociogram Survey	Rural Fire Service – Blue Mountains
18. Sociogram Survey	Rural Fire Service – Hunter
19. Sociogram Survey	Department of Education and Communities – Blue Mountains
20. Sociogram Survey	Blue Mountains City Council
21. Sociogram Survey	Community Service Organisation – Blue Mountains
Total 37 Interviews	