



Evaluation Report

Mental Health Recovery Program Community Recovery Package

Queensland Bushfires
September – December 2019

December 2022

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Introduction

The 2019 bushfire season in Queensland was catastrophic. At the height of the season, Queensland Fire and Emergency Services (QFES) was dealing with more than 90 bushfires at one time.

The Southern Queensland Bushfires and the Stradbroke Bushfires both occurred in September, and the Eastern Queensland Bushfires burnt throughout November and December. Additionally, fires in other parts of the state resulted in the merging of the bushfire events into one disaster event: Queensland Bushfires, September - December 2019. More than seven and a half million hectares burnt state-wide, resulting in the activation of the Disaster Recovery Funding Arrangements (DRFA) for 23 of the 77 Local Government Areas (LGAs).

A Community Recovery Package was announced as a joint Commonwealth and State funded program through the Disaster Recovery Funding Arrangements under Category C. The package included the Mental Health Recovery Program.

The purpose of the Mental Health Recovery Program was to improve the health of those adversely affected by bushfires in September – December 2019 and to enhance the resilience of affected communities.

Queensland Health led implementation of the Program with administrative support from the Queensland Reconstruction Authority (QRA). The program concluded in June 2022.

This evaluation requires conduct in accordance with [A Monitoring and Evaluation Framework for Disaster Recovery Programs \(2018: 2\)](#). The framework allows for examination of the effectiveness, efficiency, appropriateness and implementation of the grants. It also considers if the grants supported disaster affected communities become more sustainable and resilient.

Developed for the Queensland Reconstruction Authority (QRA), The Deloitte Overarching Disaster Recovery Evaluation Framework has also been reviewed and incorporated within this evaluation.

In conclusion, the evaluation of the Mental Health Recovery Program was shown to contribute to the recovery of the communities and local economies impacted by the Queensland Bushfires. Detailed findings were documented in response to key evaluation questions.

Recommendations have been provided to improve the effectiveness of a Mental Health Recovery Program in future, with the evaluation of grants being an important contribution to improve subsequent disaster programs in government.

Publishing of this report will occur on the National Disaster Recovery Monitoring and Evaluation Database hosted by the Australian Institute for Disaster Resilience.

Program Implementation

Summary

Scope

As part of the DRFA Category C assistance, a total of \$4.7 million was available under the Mental Health Recovery Program, delivered from February 2020 to end June 2022.

Objectives of the program are to take a whole of community approach while ensuring the inclusion of vulnerable population groups.

Bushfire Mental Health Recovery Teams are to provide recovery information and emotional support to individuals and families including those directly affected and people engaged in first response roles during the bushfire, connect people to local support agencies, and promote emotional wellbeing.

The teams provided individual, family and group mental health interventions to those exhibiting signs of distress and those who are at risk of developing, mental health disorders, along with those with existing mental health problems. The program will also focus on resilience building to prepare for future events of this kind.

Two key outcomes were identified for the program:

- Reduction of psychological distress and symptoms resulting from experiences in the bushfire and resulting dislocation and disruption.
- Communities are psychologically prepared for future disasters.

Cost

The program was implemented for \$3.462 million (74% of budget).

Item	Budget	Actual cost
Mental Health Recovery Program	\$4.7 million	\$3.462 million

Time

Planned delivery timeframes were set for the program as per below, with a due date for completion of June 2022. All funds were to be fully expended and acquitted by 30 September 2022.

Milestone	Target commencement date	Target completion date	Actual date
Recruitment	February 2020	June 2020	December 2020
Model of Service creation	February 2020	April 2020	

Resource sourcing	February 2020	June 2020	
Clinical service delivery	March 2020	June 2022	
Program evaluation	1 Jan 2022	30 June 2022	
Final program acquittal reports		30 September 2022	
Program completion		30 June 2022	30 June 2022

Governance activity

Advisory group

Queensland Health (QH) established an Advisory Group chaired by the Senior Director, Strategy, Planning and Partnerships, Mental Health, Alcohol and Other Drugs Branch (or delegate) to oversee the Program.

The Advisory Group included representatives from the:

- Queensland Reconstruction Authority (QRA)
- Department of Communities, Disability Services and Seniors (DCDSS)
- Central Queensland, Darling Downs, Metro South, Sunshine Coast and West Moreton Hospital and Health Services (HHSs)
- Mental Health, Alcohol and Other Drugs Branch (MHAODB).

Local governance groups involving a range of service providers and local government were established and HHS managers or delegates were expected to attend.

Program reviews

QRA conducted regular program reviews which incorporated financial and progress assessments of the Mental Health Recovery Program. The DRFA program as a whole portfolio was reviewed by QRA in detail three times each year, for a total of nine reviews throughout the program. These reviews included a program briefing from the DCDSS Director of Community Recovery directly to QRA's Executive Leadership Team.

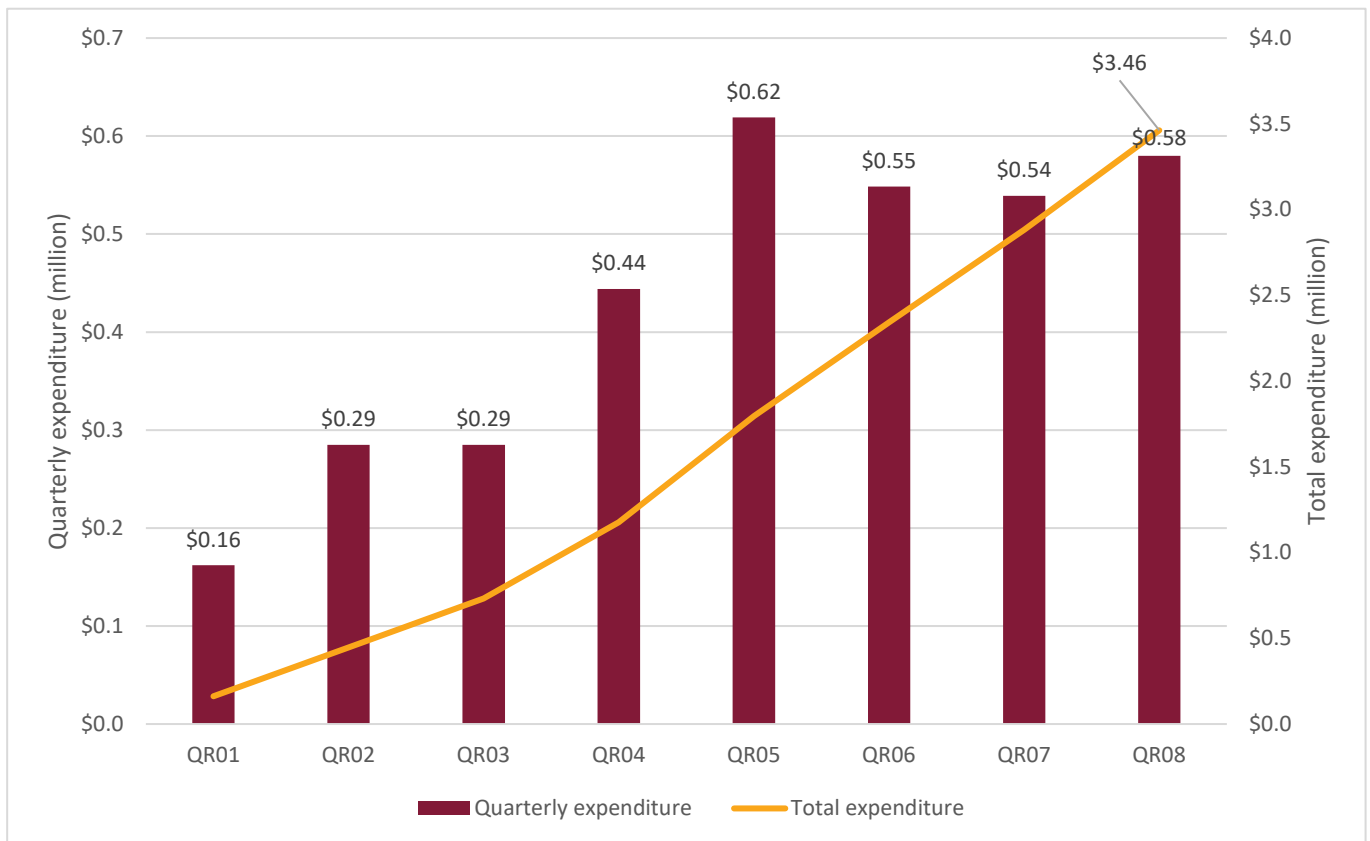
QRA provided quarterly progress reports on all Category C packages, including the Mental Health Recovery Program, to Emergency Management Australia (EMA) – as the Commonwealth and State jointly funded the program. These reports were made available for evaluation.

Progress monitoring

Quantitative

Expenditure

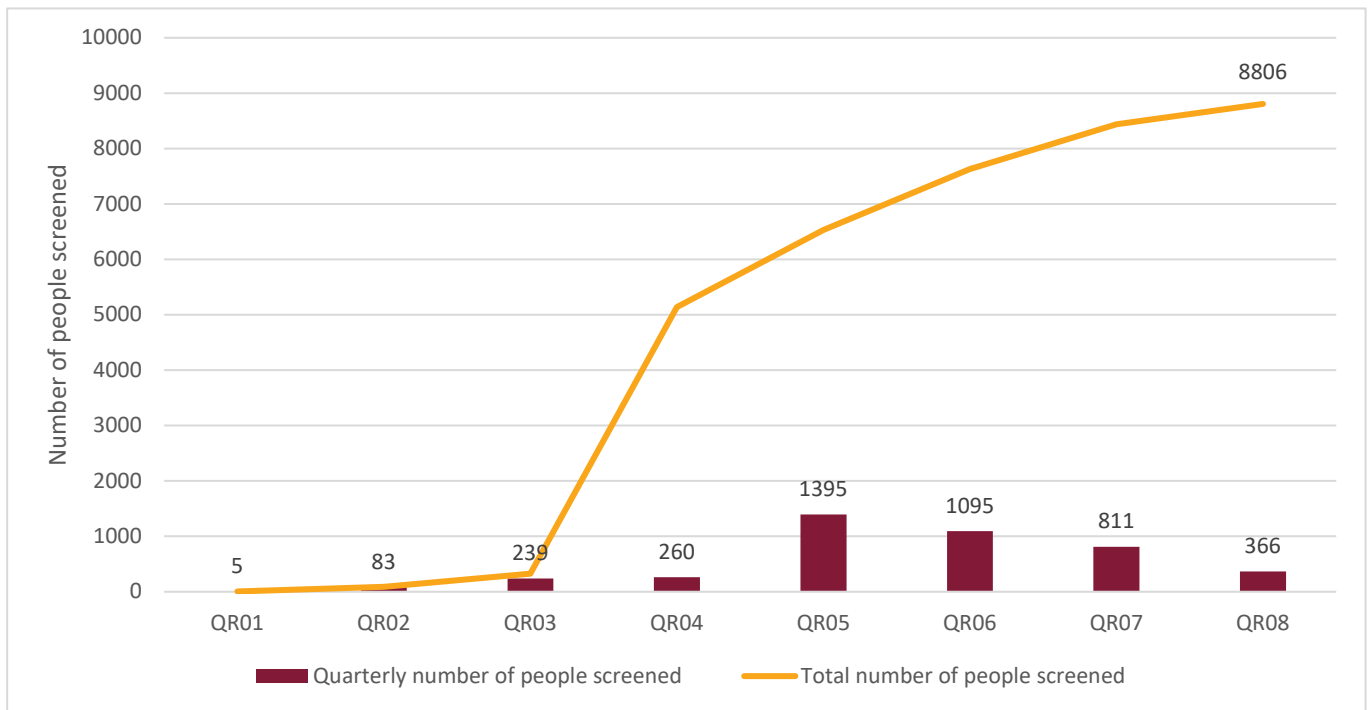
The Mental Health Recovery Program was provided a budget of \$4.7 million to deliver recovery and resilience activities over two years from June 2020 until June 2022. The following graph provides a timeline of quarterly and cumulative expenditure over the program against the budget. The left y-axis shows quarterly expenditure, and the right y-axis shows the total cumulative expenditure against the program budget. The final total expenditure for the program was \$3.5 million, leaving an underspend of \$1.2 million.



People screened

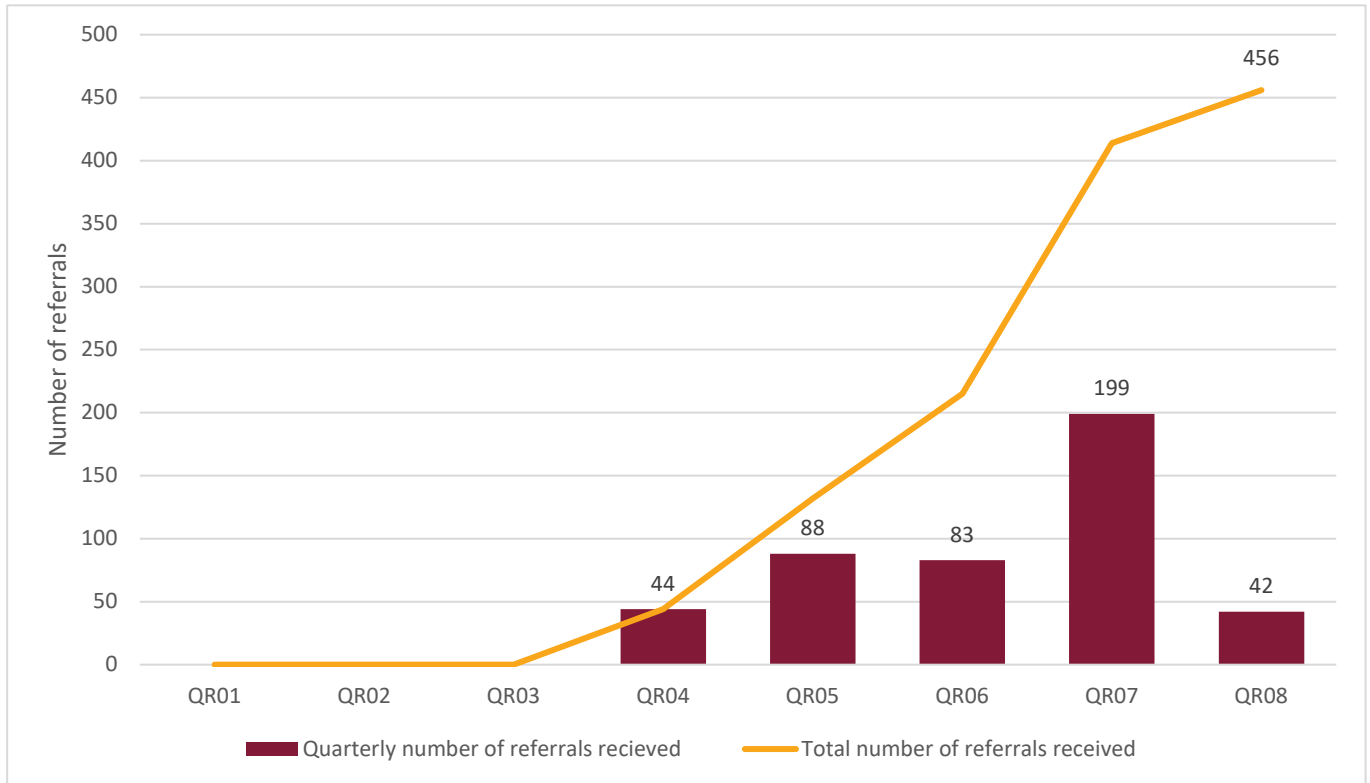
The following graph shows the number of people screened over the program. A total of 8,806 people were screened throughout the program. Quarter five (QR05) saw the highest increase in the number of people screened.

The total number of people screened shows a sharp increase in QR04 despite only a marginal increase in screenings for the quarter, compared to QR03. The reporting format for the event transitioned from a spreadsheet used from QR01 to QR03, through to dashboard reporting from QR04 until program completion. QR01 to QR03 reported quarterly screenings whereas dashboard reporting introduced both quarterly number of screenings and cumulative screenings. It is observed there is logical consistency in the number of cumulative screenings from QR04 until QR08, so this evaluation assumes an error in reporting from QR01 to QR03.



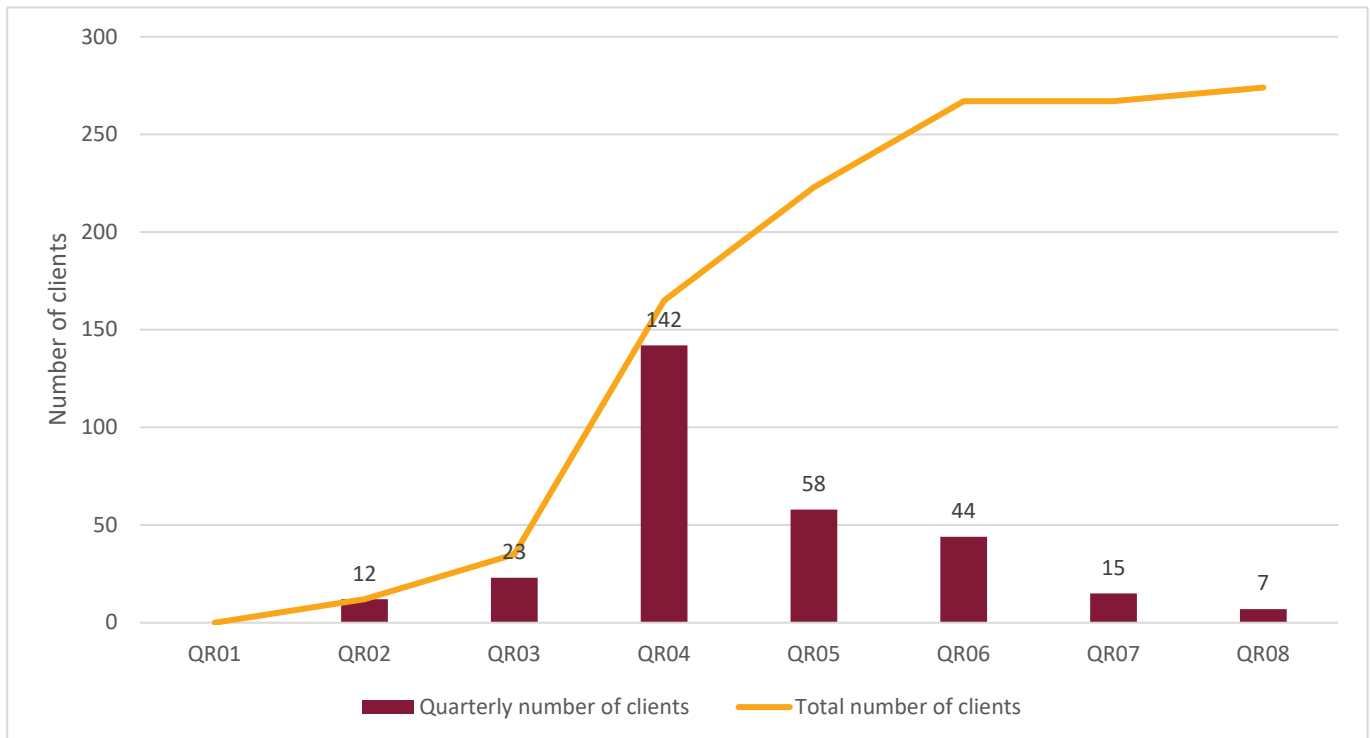
Referrals received

Throughout the program, there were a total of 456 patient referrals. QR04 saw the first reported referrals as the measure was first introduced during the quarter. There are no reports of referrals between QR01 and QR03. QR07 saw the biggest increase in referrals compared to other quarters.



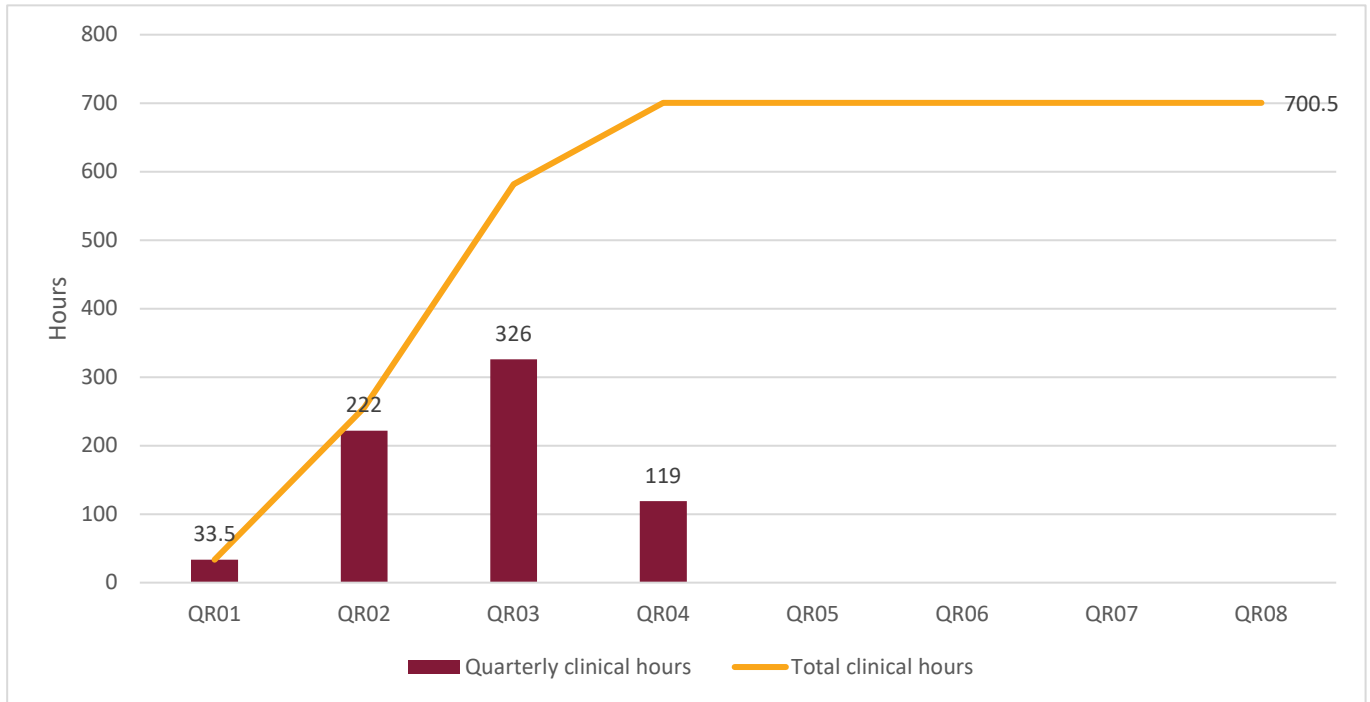
Clinical intervention

The following graph provides an overview of the number of clients reported each quarter against the cumulative number of clients over time. A total of 274 clients were recorded over the program with a significant increase in QR04.



Hours of clinical service

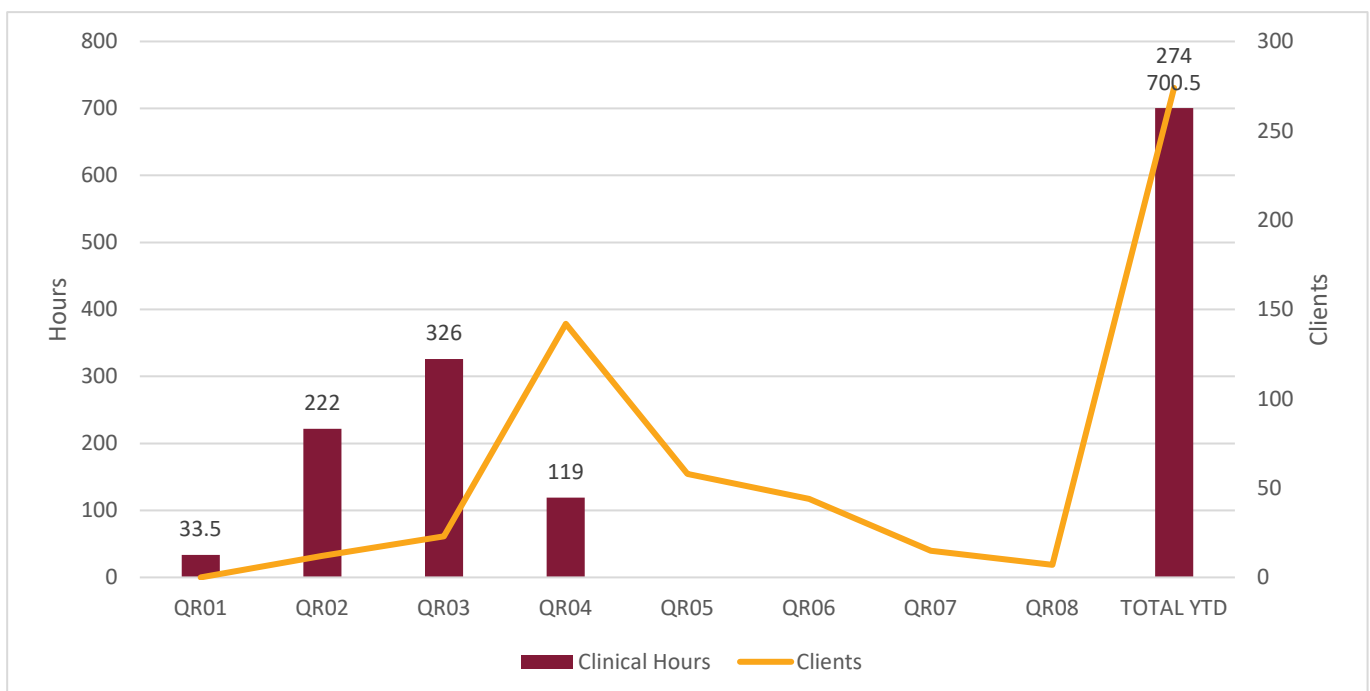
A total of 700.5 hours of clinical service provision have been recorded for the Mental Health Recovery Program over nine months from September 2020 to June 2021. The table below provides an overview of quarterly and cumulative clinical hours reported across all HHSs over the program.



Observations – clinical service delivery

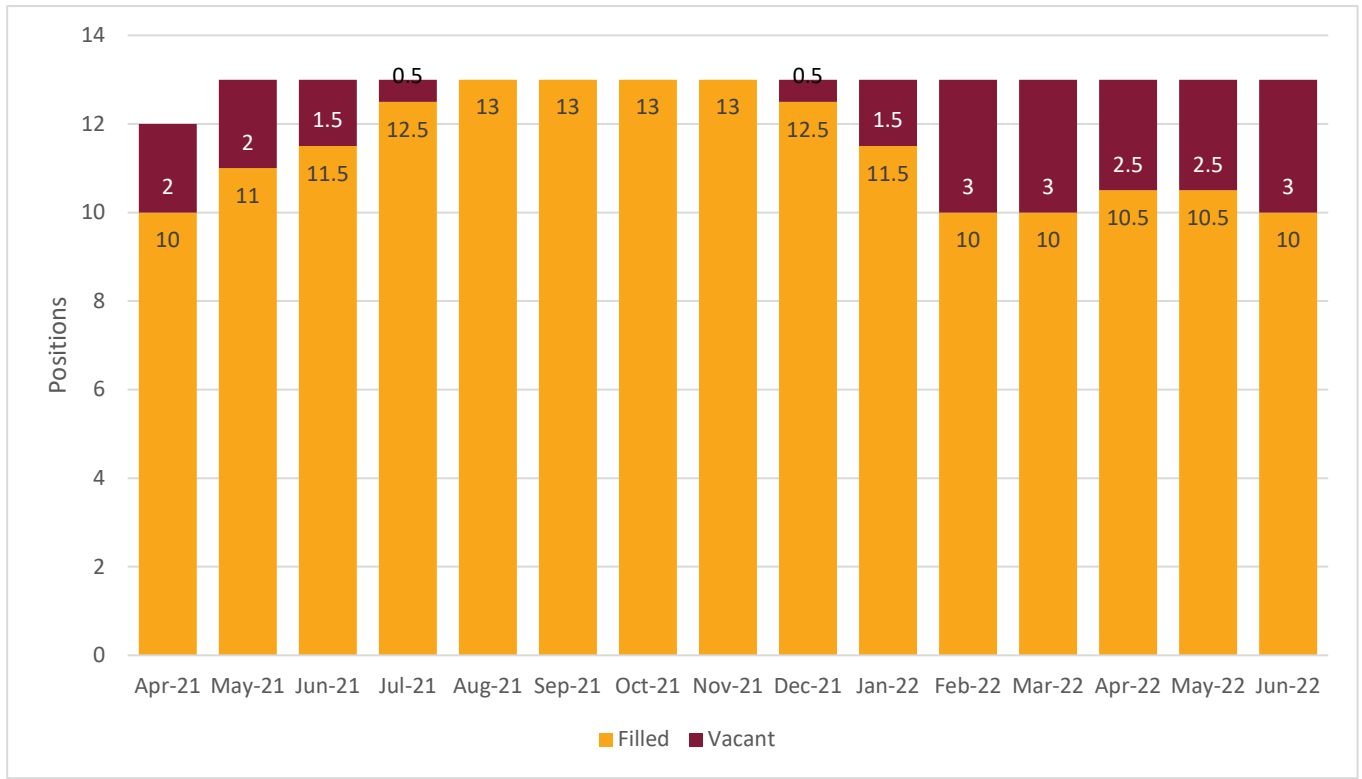
The following graph below a comparison of clinical hours and the number of clients reported over the program. Clinical service delivery trends reveal a community demand for mental health services.

Reporting captures hours across all HHSs and the evaluation is unable to draw on individual service delivery reports from each HHSs.



Team staffing

The Mental Health Recovery Program funded 13 positions over 15 months. All positions were filled for four months, or 26% of the total lifetime of the positions.



Mental Health teams

The following table provides an overview of all positions across participating HHSs, from April 2021 to June 2022.

There is a noticeable increase in position vacancies in the final six months of the program. This may be related to the steady decrease in the number of clients in the final months of the program, however the decrease is only seen in the Central Queensland HHS and Metro South HHS. Further evidence is needed to draw conclusions about the decrease in staff.

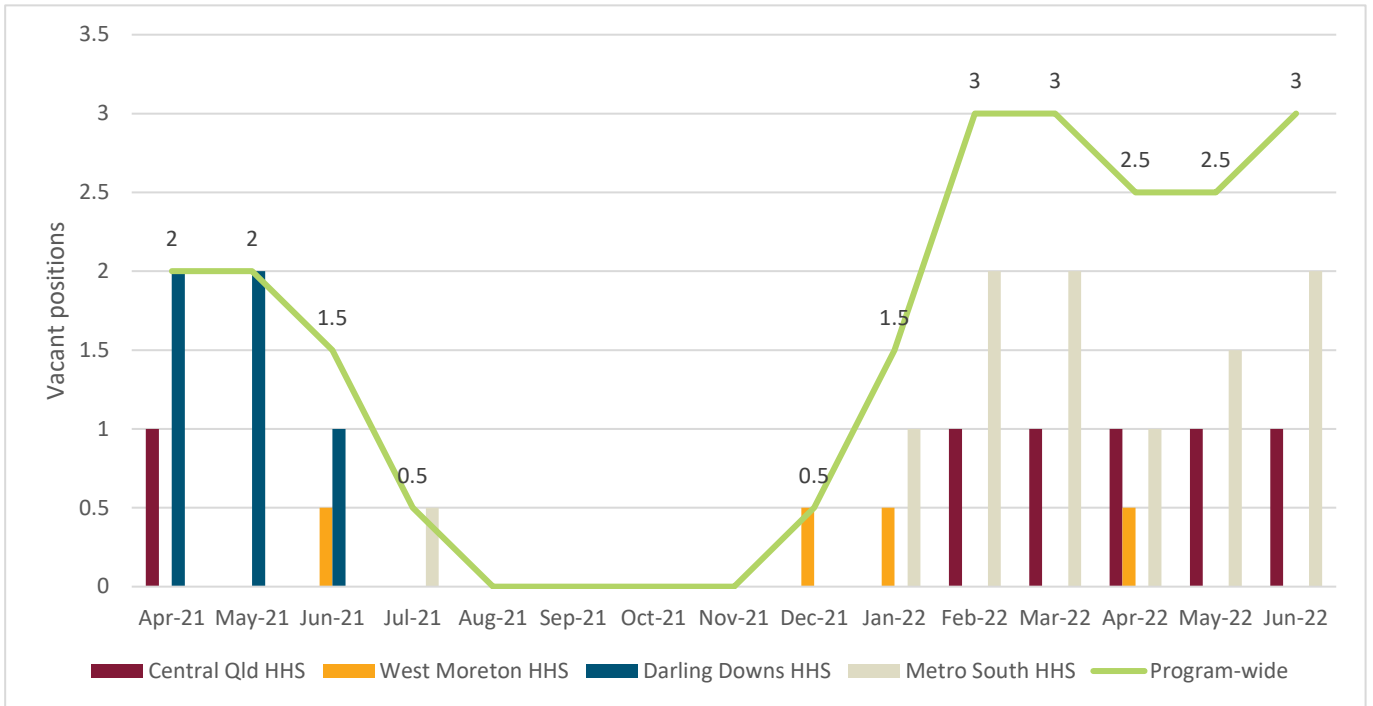
HHS	Central Qld			West Moreton		Darling Downs				Metro South		Sunshine Coast	Psychiatric cover
	R	SC	SC	SC	SC	SC	SC	SC	P	SC	SC	SC	
Apr 21													
May 21													
Jun 21													
Jul 21													
Aug 21													
Sep 21													
Oct 21													
Nov 21													
Dec 21													
Jan 22													
Feb 22													
Mar 22													
Apr 22													
May 22													
Jun 22													

Key

Position		Colour codes	
R	Registrar		Position not created
SC	Specialist Clinician		Position filled >50% of month
P	Psychiatrist		Position filled <50% of month
			Position vacant

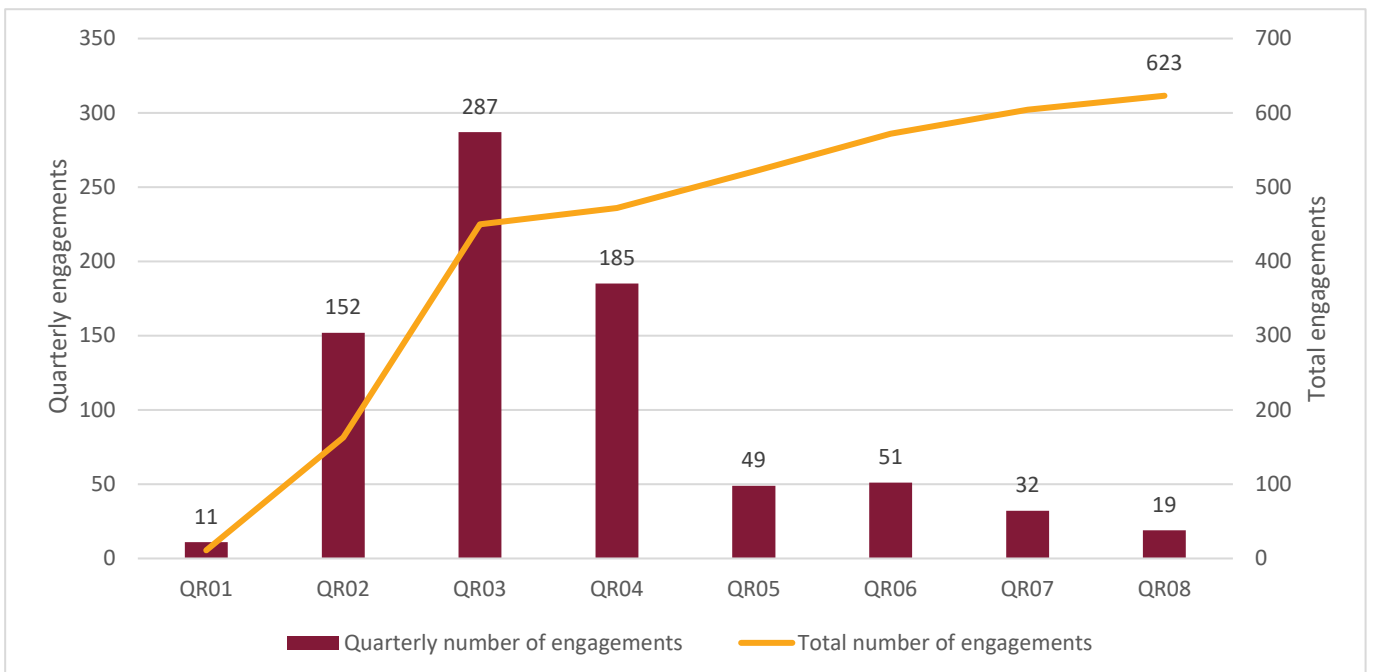
Vacancies in Mental Health roles by HHS

The following graph shows the trend in vacancies by each HHS against the program-wide vacancies over time. The green line shows the program-wide vacancies which reveals a trend – positions across all HHSs are likely to be vacant at the start and end of the program.



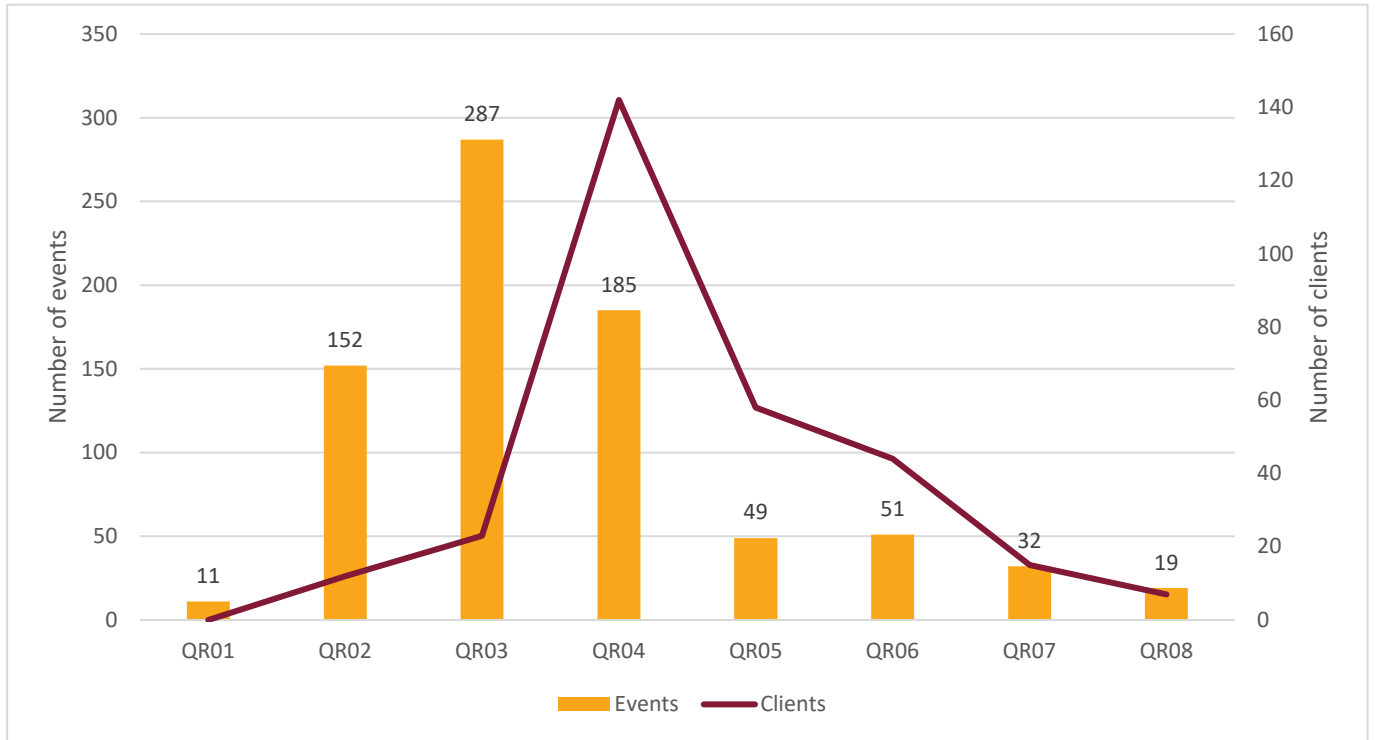
Community events

Mental Health staff attended a total of 623 events over the program. The following graph shows staff consistently attended events throughout the program, however most events took place in the first half of the program. The left y-axis shows the quarterly number of events, and the right y-axis shows the cumulative number of events.



Comparison of community events and clients

The following graph shows the quarterly number of events and clients over the program. There is a large correlation between the number of events attended by HHS Mental Health staff and the number of clients reported in the following month.

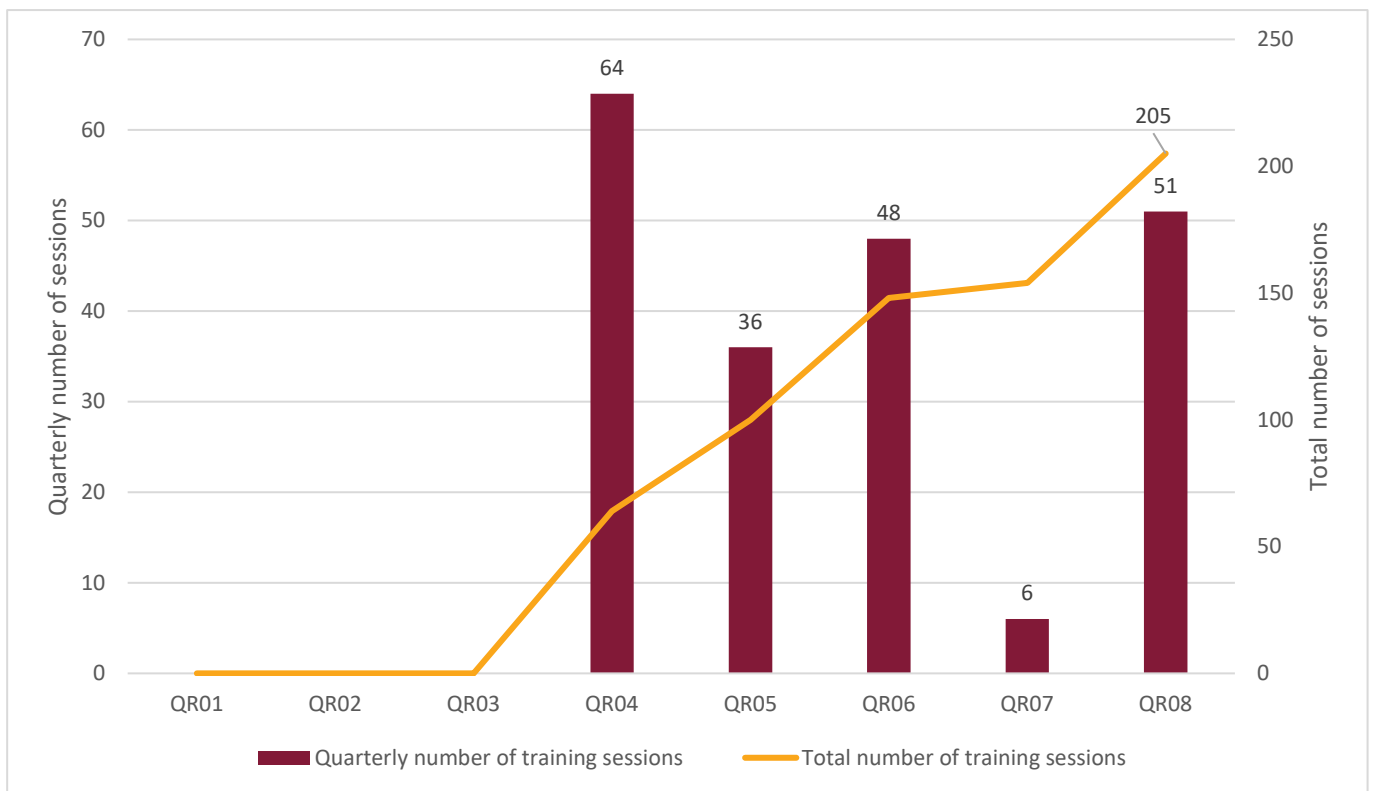


Resources and training materials

More than 205 training sessions were delivered through the Mental Health Recovery Program to support communities impacted by the Queensland Bushfires. Queensland Health began reporting the number of training sessions delivered from QR04. This may mean the absence of training sessions from QR01 to QR03 could be due to an inconsistency in reporting for this period, rather than training not being delivered. Further information is required to support this assumption.

Training sessions were delivered across all participating HHSs and included:

- Birdie’s Tree Roadshow and training in schools, childcare centres and libraries
- Resilience workshops
- Mental health awareness training
- Videos promoting emotional wellbeing distributed on social media
- Fire preparedness workshops for clinicians to support patients impacted by the Bushfire event.



Qualitative

New pathways created

The Queensland Bushfires State Recovery Plan outlines a key recovery outcome in that community members have access and are able to meet health needs (including mental health) arising from the disaster and community members have access to psychosocial support. A key objective of the Mental Health Recovery Program is to create referral pathways to mental health care with other health and community service providers.

The guidelines do not provide a definition of pathways in the context of mental health care. This evaluation defines pathways as a sequence of interventions and organisation of care processes and providers for community members impacted by the 2019 Queensland Bushfires, to access mental health support.

Throughout the program, activities showing evidence of creating new pathways or strengthening existing pathways, were reported including:

Objective	Actions	Outcome
Strengthen referral pathways to increase the number of people screened, number of referrals received, and number of clients	Ongoing interagency meetings with General Practitioners, Public Health Networks and Emergency Services. Establish links with rural hospitals.	Of those people screened, several individuals have chosen to meet their treatment needs through their GP.
Reduce suicide rates	Create a referral pathway with Richmond Fellowship (RFQ).	Build community social networks for patients.
Increase awareness of referral pathways	Distribute Birdie's Tree children's disaster recovery activity books and community health resources. Distribute a Southern Downs Community Services Directory.	Directory was distributed to approximately 7,000 individuals, businesses, government and non-government stakeholders.
Ensure pathways are resilient to future disasters	Create community links and cross referral pathways for all health services.	Strengthen partnerships and pathways for future programs.
Ensure patients are provided access to appropriate support	Establish screening processes and conduct mental health assessments.	Impacted individuals have access to assistance.
Support patient referrals	Mobilise mental health teams.	Increased capacity to support impacted communities.

Partnerships

Over the lifetime of the Mental Health Recovery Program, Queensland Health and the HHSs established and strengthened partnerships with organisations to support the delivery of information and promote pathways

for community members to access support. The following table provides an overview of organisations each HHS partnered with throughout the program.

HHS	Organisations partnered with
Central Queensland	<ul style="list-style-type: none"> - Central Highlands Council - QFES - General practitioners
West Moreton	<ul style="list-style-type: none"> - Headspace - Lifeline - Small Business and Rural Financial Counselling Service - Rosewood Men’s Shed - Council (unspecified) - Laidley Hospital - Gatton Hospital - Esk Hospital - Boonah Hospital - WM Acute Care Team
Sunshine Coast	<ul style="list-style-type: none"> - Noosa Shire Council (established relationship with CDO) - QFES - Gympie Regional Council - Noosa Shire Council - Sunshine Coast Regional Council - Early learning and childcare centres
Darling Downs	<ul style="list-style-type: none"> - Millmerran Bushfire Recovery Officer - Millmerran Men’s Shed - QFES - RFS - Developing traction with primary service providers, volunteer groups, and some GP practices
Metro South	<ul style="list-style-type: none"> - Darlington State School - QFES - CDO for Scenic Rim Regional Council

Program-wide	<ul style="list-style-type: none"> - Head Space, Be You, Rotary, Red Cross, ESA, local community groups as well as small businesses - Partnerships with local CDOs are also proving to be effective in reaching out to some locals especially to indigenous communities - Yulu-Burri-Ba Aboriginal Corporation for Community Health
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Case studies

Throughout grants implementation, case studies were used to highlight examples of qualitative outcomes. Several case studies were made available including those listed below.

Index	Case study
CS01	Helping overcome the stigma of mental health
CS02	Supporting regional access to mental health services

Evaluation findings

Governance

Coordinated response

G10 - Has the governance structure coordinated response and relief efforts with the recovery process so that the two 'work together'?

The Mental Health Recovery Program provides evidence of a high level of collaboration between various stakeholders across community, government and non-government which contributed to improved referral pathways and access to a broad range of information and services to support sustainable and resilient recovery.

Governance

Queensland Health established a Mental Health Recovery Program Advisory Group which included representatives from the:

- Queensland Reconstruction Authority (QRA)
- Department of Communities, Disability Services and Seniors (DCDSS)
- Central Queensland, Darling Downs, Metro South, Sunshine Coast and West Moreton Hospital and Health Services (HHSs)
- Mental Health, Alcohol and Other Drugs Branch (MHAODB).

Local governance groups involved a range of service providers and local governments which HHS managers or delegates were expected to attend.

Collaboration

There is strong evidence of collaboration by all HHSs throughout the program, with the following types of organisations engaged as partners in the program:

- State Government
- Local Government
- Non-Government
- Schools
- Not-for-profit organisations
- Health services and practitioners
- Community groups
- Businesses.

The following table provides an overview of organisations engaged by each HHS to partner in delivering information or resources to target communities.

HHS	Partnering organisations
Central Queensland	Central Highlands Council Queensland Fire and Emergency Services Local General Practitioners
West Moreton	Headspace Lifeline Small Business and Rural Financial Counselling Service Rosewood Men’s Shed Council Established close links with four rural hospitals (Laidley, Gatton, Esk and Boonah which resulted to 5 referrals WM Acute Care Team in establishing screening process
Sunshine Coast	Noosa Shire Council (established relationship with CDO) QFES, Gympie Regional Council and Noosa Shire Council and Sunshine Coast LGAs Establishment of relationships with representatives from early learning and childcare centres and the delivery of support and advice concerning the management of distress in their communities and promotion of staff resilience and wellbeing
Darling Downs	Millmerran Bushfire Recovery Officer Millmerran Men’s Shed QFES RFS Developing traction with primary service providers, volunteer groups, and some GP practices
Metro South	Darlington State School QFES CDO for Scenic Rim Regional Council
Program-wide	Head Space, Be You, Rotary, Red Cross, ESA, local community groups as well as small businesses. Partnerships with local CDOs are also proving to be effective in reaching out to some locals especially to indigenous communities. Yulu-Burri-Ba Aboriginal Corporation for Community Health.

Finding 1: All HHSs partnered with local and state organisations to support sustainable and resilient recovery in targeted communities.

Partnership with local Community Development Officers

Three HHSs provided evidence of partnerships with local council Community Development Officers (CDOs):

- Metro South HHS reported collaboration with Scenic Rim Regional Council's CDO to deliver resilience workshops.
- Sunshine Coast HHS provided clinical advice and upskilling of the Gympie Regional Council CDO.
- Central Queensland HHS reported a heightened community response by the Gladstone Regional Council CEO.

It was also reported that the partnerships between HHS/Mental Health Officers and CDOs were essential in reaching locals, particularly Aboriginal and Torres Strait Islander communities.

Finding 2: Recovery and resilience activities were delivered in collaboration between the HHSs/Mental Health Officers and Community Development Officers.

Recommendation 1: Future program advisory groups should provide opportunities for collaboration and information sharing between HHSs, Mental Health Officers and Community Development Officers.

Outcomes and observations

- Partner agencies from across government, non-government, community and education were essential to providing mental health response and recovery support to impacted communities. Partnerships between organisations and the HHSs/Mental Health Officers achieved increased ability to share information to assist the recovery of target communities.
- Mental Health Officer/HHS partnerships with CDOs aligned to the active and well-connected role CDOs play in communities. Future programs should seek to strengthen alignment and partnerships with CDOs for improved connection between the response and recovery phase of a disaster.
- Partnerships between HHSs and organisations are left to the discretion of the individual HHSs or Mental Health Recovery Officer. Future program Advisory Groups should seek to improve access to partnerships across impacted areas, drawing on the combined network of target areas to meet local needs and roll out state-wide activities as needed.

Recommendation 2: Future programs should seek to strengthen alignment and partnerships with CDOs for improved connection between the response and recovery phase of a disaster.

Community engagement

Ongoing recovery

C11 - Do community members have information they need to continue recovering from the disaster?

The presence of Mental Health staff at community events, and the availability of training sessions for community members and clinicians, provided essential information to support community recovery.

A key objective of the Mental Health Recovery program is that bushfire-affected communities receive information about managing the distress associated with the bushfires and the stresses involved in the recovery process.

Similarly, the program also aimed to equip local primary healthcare and community service providers with skills to deliver psychological support for individuals struggling to psychologically recover from the bushfire experience.

The strategies adopted to support these objectives include:

- providing information at events; and
- training local stakeholders.

Provide information at events

Mental Health Staff across all HHSs attended a combined total of 623 events over the program duration.

An overview of event attendance over time is provided under *Community Events* in the *Progress Monitoring* section of this report. The following table provides an overview of information provided to impacted communities through events or other distribution channels (i.e. social media, presentations and workshops).

HHS	Activity	Information provided
Central Queensland	Delivered an information session at Madonna Cash Early Childhood.	Information for children and parents of children who had experienced dreams following the bushfires.
West Moreton	The Landcare Expo.	Provided information targeting local families impacted by the event.
Sunshine Coast	Nil reported.	Nil reported.
Darling Downs	Community event in Glen Aplin.	Promoted Disaster Recovery Plan.
	Stanthorpe Artist Festival.	Disaster Recovery Plan banners promoting recovery, resilience and healing.
	Southern Downs Community Services Directory.	Promoted referral pathways.
Metro South	Information dissemination in Scenic Rim.	Information brochures distributed to each student in Beechmont State School and small businesses.

Program-wide	Existing community events such as <i>Farmers Night Out, Are you bogged mate?</i> , and <i>Bushfires Preparedness community days</i> .	Resilience information.
	Information sessions at schools and childcare centres.	Birdie’s Tree resources delivered including “Birdie and the Fire” book and animation.
	Distribution of promotional materials. Information about the Mental Health Recovery program.	Reports of the program also being promoted on local radio and podcasts.
	Information for parents.	Hard Times Parent Support Card.

Finding 3: Attendance of Mental Health staff at events provided impacted community members access to information, supporting sustainable and resilient recovery.

When comparing quarterly reports across the program, there is a large correlation between the number of events attended and the number of clients recorded in the following quarter. The two measures have a correlation score of 0.88 out of a maximum score of one. Furthermore, these measures have a R² score of 0.77 which indicates that the number of events attended is a strong predictor of the number of clients recorded in the following quarter.

It is important to note this data compares events in each quarter and clients in the following quarter. In the interest of accuracy, the calculations omit QRO8 data given there is no subsequent data to compare.

Nevertheless, these calculations provide a strong indication of the attendance of Mental Health staff (and the assumed information they delivered) who supported impacted community members to seek advice that led to them becoming recipients of mental health assistance.

Finding 4: There is a large correlation between the number of events attended by Mental Health staff and number of clients recorded in the following quarter.

Provide training to stakeholders

Progress reporting shows a total delivery of 205 training sessions through the Mental Health Recovery Program, providing information to a broad range of stakeholders including:

- Impacted community members
- Clinicians
- Parents and guardians
- Educators.

The following table provides an overview of training provided by each HHS.

HHS	Training provided
Central Queensland	<ul style="list-style-type: none"> - Fire preparedness workshops for clinicians to address distress in patients. - Wheel of Wellbeing training. - Mental Wellbeing Impact Assessment (MWIA) training.
West Moreton	<ul style="list-style-type: none"> - Dialectical Behaviour Therapy training.
Sunshine Coast	<ul style="list-style-type: none"> - Lifeline education and consultation on trauma-informed practice.
Darling Downs	<ul style="list-style-type: none"> - Mental health education and Disaster Recovery Plan education for Warwick HHS and emergency services. - Conjoint mental health week presentation “Walk and talk for Mental Health” with local Bushfire Recovery Officer, Millmerran Men’s Shed, and Millmerran community. - WoW training complete.
Metro South	<ul style="list-style-type: none"> - Stormbirds training program training to support children and young adults to adapt to experience of change and loss resulting to natural disasters. - Completion of MWIA training. - Mental health awareness provided to Mununjali Housing in Beaudesert and Springwood East Community Centre to various stakeholders.
Program-wide	<ul style="list-style-type: none"> - Wheel of Wellbeing training. - Psychological First Aid training. - Support and advice on supporting people with psychological distress delivered to representatives from early learning and childcare centres. - Seasons for Growth and Stormbirds workshops delivered in collaboration with local schools. - Birdie’s Tree online training provided to community educators and community members. - Birdie’s Tree roadshow to schools in Darling Downs, West Moreton and Metro South. - Information and resilience workshops were delivered to various community stakeholders.

The training sessions provided strong evidence the program leveraged partnerships and existing resilience and recovery training programs to deliver information to impacted communities. For example, the Birdie’s Tree training program leveraged existing Birdie’s Tree resources to deliver information to parents and educators about supporting children to manage emotions following the bushfire event. The program was delivered to schools and day care centres in Darling Downs, Sunshine Coast and West Moreton areas. In Darling Downs, the event was attended by 25 community educators and 51 individuals. Testimonials provided by event participants were highly supportive of training provided by Mental Health staff. One participant reported:

“I will use this knowledge in daily practice. This information is going to help me provide the best care in relation to this issue.”

Finding 5: A broad range of training sessions were delivered to impacted community members, practitioners, parents, guardians and educators across target areas.

Recommendation 3: Collect case studies or survey data from participants to determine the effectiveness of training sessions and materials.

Effectiveness

Sustainable community

E1 - To what extent did the disaster recovery program produce a sustainable community?

A key objective of the Mental Health Recovery Program was to ensure impacted communities were able to meet their health needs.

Strategies adopted under the Mental Health Program met two sustainable recovery outcomes outlined in the National Monitoring and Evaluation Framework:

- Community members can access appropriate services to address health needs.
- Community is not experiencing excessive stress and hardship arising from the disaster.

Access to appropriate services

The Mental Health Program’s objective was to increase the availability of mental health services by establishing mental health recovery teams to provide support to target communities.

At December 2020, progress reports state all recruitment positions are active; however it is unclear how many positions are active and whether the positions were filled. Dashboard reporting in QRo4 provides an overview of positions each month. In April 2021, there were a total of 12 positions in the mental health team as follows and in July 2021, an additional Specialist Clinician was added to the Metro South HHS bringing the program-wide total to 13 positions:

HHS	Number of Mental Health Recovery positions
Central Queensland	3
West Moreton	2
Darling Downs	4
Metro South	2
Sunshine Coast	1
Other (psychiatric cover)	1
Program total	13

Refer to the *Reporting* section for a full overview of positions and vacancies across the program.

While there is evidence of regular turn over in some positions, most positions are filled for the duration of the program. Ultimately, the program provided additional mental health staff to support community recovery who may not have been available to communities otherwise.

Through this program tailored support was provided to vulnerable community members that may not have otherwise had the opportunity to receive one-on-one support.

Finding 6: Mental Health staff provided an increase in access points for communities to obtain information and advice regarding mental health recovery.

Ability to manage stress and hardship

The Mental Health Program aims to provide community members with the ability to manage stress and hardship following the bushfire event by:

- Providing communities with information about managing the distress associated with the bushfire and the stresses involved in the recovery process.
- Supporting identification and treatment of adults, children and adolescents with disaster-related psychological using evidence-based interventions.
- Providing training to local primary healthcare and community service providers.

Provide information to communities

Attendance of Mental Health staff at events were a significant contributor to delivering information to impacted communities. Over the program, Mental Health staff attended a total of 623 events. As demonstrated in the response to Key Evaluation Question (KEQ) C11, information delivered by Mental Health staff at community events and activities throughout the program were essential to supporting community members to seek mental health support. Refer to KEQ C11 for further information.

A broad range of information was delivered at events to support children, parents/guardians, teachers and clinicians. This evaluation found Health Recovery Officers' attendance at events were key to providing information to impacted communities, with a large correlation between the number of events attended and the number of clients reported in the following quarter. This is explored further in C11. Refer to findings 3 and 4.

The QR05 progress report states a distribution of 3,190 promotional materials and 2,720 recovery resources across Queensland for the quarter. However, the report does not provide information about the type of resources or what information is promoted on the resources. There are reports the program was promoted by local radio stations and podcasts, however no further detail is provided. Therefore, the evaluation is unable to determine the potential reach or impact of this promotional activity.

Over the remainder of the program, it was reported that Disaster Resilience Brochures and Birdie's Tree resources were distributed to local schools and businesses, with Support Cards distributed to parents. However no further details are provided about the information promoted through these resources, nor the quantity of materials distributed.

An effective report of distribution is provided in QR06 where Southern Downs was reported to have distributed 7,000 Community Service directories to individuals, businesses, government and non-government stakeholders. The purpose of the directory was to promote referral pathways. Case studies or

evidence of the resources supporting an increase in referrals would demonstrate the effectiveness of the resource.

Recommendation 4: Future programs should report the purpose of promotional materials and target metrics to support evaluation of effectiveness. Metrics may include quantity of distribution, target areas, reach, distribution channels and information promoted.

Identification and treatment of disaster-related psychological disorders using evidence-based interventions.

Introduce screening measures

There is evidence of a range of activities to support screening throughout the program. It was reported the majority of clinicians completed the Wheel of Wellbeing and Psychological First Aid Training sessions in their community and there are further reports of Central Queensland, Darling Downs HHSs undertaking Wheel of Wellbeing Training, with Darling Downs also delivering Mental Health First Aid training.

Further, targeted activities were delivered to support screening children and adolescents – including Seasons for Growth and Stormbirds training delivered across impacted areas.

Over the program, 8,806 people were screened across all impacted areas. Future programs could consider reporting the breakdown of screenings conducted by each HHS and report demographic trends to provide deeper insights to inform the type of information and channels for distributing recovery information to communities.

Mental Health assessments

Over the program, a total of 301 clients and 8,806 screenings were reported. No correlation was found between the number of screenings conducted and the number of clients reported.

Provide evidence-based interventions

The program used evidence-based interventions to improve the capacity of individuals and health professionals to support a sustainable recovery of target communities. The following table provides an overview of interventions used.

Program	Purpose	Target audience
Seasons for Growth	Loss and grief education program	Children and adolescents
Stormbirds	Emotional adaptation and recovery from disasters	Children and adolescents
Birdie’s Tree	Processing emotions after a disaster	Infants and children
Mental Wellbeing	Developing mental wellbeing services and policy	Practitioners and organisations

Impact Assessment		
Wheel of Wellbeing	Improving mental resilience	Impacted community members

Finding 7: Evidence-based interventions were adopted throughout the program.

Local primary healthcare and community service providers are equipped to support impacted individuals

Create referral pathways

There is evidence of referral pathways being strengthened and created throughout the program – aiming to increase the number of people screened, referrals and clients.

Recovery reporting states ongoing interagency meetings were conducted with general practitioners, Public Health Networks and emergency services to strengthen pathways. However, there is not enough evidence to draw conclusions about the influence of those partnerships on the number of screenings, referrals and clients.

Disaster Recovery teams were reported to distribute resources across the region including Disaster Recovery Plan materials and Birdie’s Tree resources, to improve local partnerships and increase awareness of referral pathways. An opportunity exists for future programs to establish a disaster recovery referral pathway handbook for health professionals to meet unique recovery needs of individuals experiencing psychological distress following a disaster.

Recommendation 5: Consider opportunities to provide health professionals with a resource to support referrals for patients experiencing disaster-related psychological distress – such as a Disaster Recovery Referral Pathway Handbook.

Consultation with other service providers

There is evidence of all HHSs and/or Mental Health Officers working in partnership with a range of organisations over the lifetime of the program. Partnerships were developed between governments, non-government, community groups and businesses to deliver information and training to target communities. Examples of collaboration by each HHS are outlined in the following table.

HHS	Partner organisation	Activity
Sunshine Coast	Lifeline	Education session on trauma-informed practice.
Metro South	Mununjali Housing and Springwood East Community Centre	Mental Health Awareness
Darling Downs	Yulu-Burri-Ba Aboriginal Corporation	Promotion of program objectives and services
West Moreton	Richmond Fellowship	Build social networks
Central Queensland	Queensland Fire and Emergency Services	Fire prevention sessions
Program-wide	Good Grief	Stormbirds and Seasons for Growth training

There is also evidence HHSs and Mental Health Officers worked in partnership with Community Development Officers, including Metro South HHS working in collaboration with the local CDO, to deliver community resilience workshops in Scenic Rim. There are reports of collaboration between HHSs and CDOs across all target areas – including meetings and partnerships – to deliver information to Indigenous communities impacted by the event.

CDOs are well connected to communities and are the point of contact between community and organisations during and after a disaster event. Partnerships between Community Development Officers and other recovery organisations such as HHSs and Mental Health Officers are essential for ensuring consistent delivery of information to community members and supporting additional pathways for impacted individuals to receive assistance.

Recommendation 6: Future programs should continue to strengthen partnerships with Community Development Officers.

Finding 8: HHSs and Mental Health Officers partnered with government, non-government, community groups and businesses.

Training

205 training sessions were delivered through the Mental Health Recovery Program – many of which provided community members, educators and health professionals with skills and knowledge to support sustainable recovery.

Examples of training provided to support sustainable recovery include:

- Lifeline education on trauma-informed practice
- Mental Health education for emergency services
- Mental health presentations at local events including “Walk and talk for Mental Health” in Millmerran
- Stormbirds training
- Seasons of Growth training
- Birdie’s Tree training for parents, carers and educators.

Further detail on training provided across each HHS is outlined in KEQ C11 – including an example of feedback from a participant who received training on children’s response to disasters. Following the session, the participant reported the information provided would assist them in supporting sustainable recovery for children:

“I will use this knowledge in daily practice. This information is going to help me provide the best care in relation to this issue.”

Finding 9: Training supplied through the MHRP provided stakeholders with knowledge and skills to support sustainable recovery.

Summary of findings

A wide range of activities were delivered in partnership with key organisations across targeted areas, showing evidence of providing communities with the ability to meet their health needs.

There is strong evidence the Mental Health Program provided essential information and pathways to access services to address health needs and manage stress and hardship arising from the bushfire event.

An opportunity exists for future programs to consider the influence of activities in improving the wellbeing of community members. Current reporting provides information about activities delivered, however the development of a tool to measure the level of wellbeing in the community – including changes over time – would provide rich insights into the ability of mental health programs, improving the overall wellbeing of impacted communities.

Recommendation 7: Consider opportunities to develop a wellbeing tool or index to measure levels of individual and community wellbeing.

Resilient community

E2 - To what extent did the disaster recovery program produce a resilient community?

A key objective of the Mental Health Recovery Program was to improve communities' capacity and capability to respond to future disasters.

Strategies adopted under the Mental Health Program met one resilient recovery outcome outlined in the National Monitoring and Evaluation Framework:

- Community members can respond to their own needs and can support the needs of others in the community.

The program outlined two objectives to meet this recovery outcome:

- Information on psychological preparedness is available to affected communities.
- Local service providers and organisations are trained to respond to disaster-related psychological distress and assist with psychological recovery.

Provide psychological preparedness information to communities

Provide information

As explored in Key Evaluation Questions C11 and E1, attendance of Mental Health staff at events were a significant contributor to delivering information to impacted communities. Over the program, Mental Health staff attended a total of 623 events. As demonstrated in the response to KEQ C11, information delivered by mental health staff at community events and activities throughout the program were a strong contributor to individuals receiving mental health support for initial recovery. There is also evidence individuals were given access to information aimed at building their resilience to future disasters including:

- Fire preparedness workshops
- Resilience workshops
- Birdie's Tree resources
- Stormbirds resources
- Seasons for Growth training.

As stated in KEQ E1, the QR05 progress report states a distribution of 3,190 promotional materials and 2,720 recovery resources across Queensland for the quarter. However, the report does not provide information about the type of resources or what information is promoted on the resources. Therefore, it cannot be determined whether the resources delivered contributed to a resilient community. Refer to recommendation 4.

Finding 10: The MHRP provided communities access to information, to assist with building resilience to future disasters.

Recommendation 8: Consider conducting research into mental health resilience to disasters, to use as a benchmark for future programs.

Treat individuals

The program was found to be effective in identifying individual’s needs for treatment and providing support to improve psychological resilience. CS02 provides evidence that treatments assisted impacted community members to improve their psychological wellbeing and provide pathways to build resilience to future distress. The case study outlines intervention by a Mental Health project officer who visited a man in Beechmont who had lost his home to the bushfires. The man had reported feeling as though he had lost his identity and experiencing intense feelings of anger, grief and loss. The project officer conducted several meetings with the man and provided education and support targeted at building hope and resilience. The man reported increased feelings of optimism about his future and was provided with a pathway to continue receiving psychological support by talking to his General Practitioner about a mental health care plan.

Finding 11: Project Officers in Mental Health teams were essential to delivering information to impacted community members, to increase psychological resilience and education.

Provide training to local service providers and organisations to assist with psychological recovery

Agency partnerships

The previous KEQ explored partnerships and collaboration throughout the program, contributing to sustainable recovery. There is also evidence collaboration may have contributed to improved capacity for the community to respond to future disasters.

HHS	Partner organisation	Activity
West Moreton	Richmond Fellowship	Build social networks
Central Queensland	Queensland Fire and Emergency Services	Fire prevention sessions
Program-wide	Good Grief	Stormbirds and Seasons for Growth training

Activities delivered to communities through these partnerships are expected to contribute to improved resilience to future disasters – based on the intention of partnerships to build social connectivity, improve knowledge about how to prepare for future bushfire events and improve understanding of managing grief and distress as a result of disasters. Further evidence is required to evaluate the effectiveness of partnerships in improving community resilience and future programs and evaluations should draw on learning from the 2019 Queensland Bushfires to measure changes. Refer to recommendation 8.

Recommendation 9: Maintain relationships with partner organisations to build community capacity to respond to future disasters.

Training

205 training sessions were delivered through the Mental Health Recovery Program, many of which provided community members, educators and health professionals with skills and knowledge to support resilience to future disasters.

Example of training provided to support increased resilience to future disasters include:

- Resilience workshops
- Fire preparedness workshops.

Other training provided to communities with a primary purpose of supporting sustainable resilience, are expected to also provide knowledge and skills to support participants in responding to future disasters, including:

- Birdie's Tree training
- Stormbirds training
- Seasons of Growth training.

Feedback from training participants capture the program's effectiveness in supporting individuals and professionals to meet immediate recovery needs, however future programs should consider capturing changes in participants' self-efficacy in responding to future events.

Recommendation 10: Consider surveying training participants to measure confidence levels of their ability to recover from future disasters.

Implementation

Alignment to National Principles

I2 - Was the program consistent with the National Principles for Disaster Recovery?

The National Principles for Disaster Recovery outline six principles for successful recovery:

1. Understand the context
2. Recognise complexity
3. Use community-led approaches
4. Coordinate all activities
5. Communicate effectively
6. Recognise and build capacity.

The Mental Health Program was successful in delivering one or more activities aligned with each principle. The following table provides an outline of program activities against the National Principles for Disaster Recovery.

Program objective	Program strategy	National Principle	Alignment
Increased ability of mental health services.	Establish mental health recovery teams to support and treat individuals.	Recognise and build capacity	Acknowledge existing resources may be stretched, and additional resources may be sought.
Impacted communities receive information about managing stress.	Provide information to communities at events.	Communicate effectively	Ensure information is accessible to audiences in diverse situations, addresses a variety of communication needs, and is provided through a range of media and networks.
Adult, children and adolescents with psychological disorders are identified and treated with evidence-based interventions.	Introduce screening measures.	Recognise complexity	Affected individuals and the community have diverse needs, wants and expectations, which can evolve rapidly.
	Conduct mental health assessments.	Recognise complexity	Responsive and flexible action is crucial to address immediate needs.
	Provide evidence-based interventions.	Community-led	Assist and enable individuals, families and the community to actively participate in their own recovery.
Local primary healthcare and community service providers are equipped with skills support	Create referral pathways to mental health care with other health and community service providers.	Understand the context	Support those who may be facing vulnerability.

psychological recovery.	Consult with other service providers.	Community-led approaches	Build collaborative partnerships between the community and those involved in the recovery process.
	Training local stakeholders.	Recognise and build capacity	Provide opportunities to share, transfer and develop knowledge, skills and training.
Information on psychological preparedness is available to affected communities.	Provide information on psychological preparedness and management.	Communicate effectively	Ensure information is accessible to audiences in diverse situations, addresses a variety of communication needs, and is provided through a range of media and networks.
	Work with individuals to improve personal resilience in preparation for potential traumatic experiences.	Recognise and build capacity	Support the development of self-reliance, preparation and disaster mitigation.
Local service providers are trained to respond to disaster-related psychological distress and assist with recovery.	Work with other agencies to include psychological preparedness as part of their content.	Recognise and build capacity	Provide opportunities to share, transfer and develop knowledge, skills and training.
	Training local stakeholders	Recognise and build capacity	Support the development of self-reliance, preparation and disaster mitigation.

Finding 12: Mental Health Recovery Program objectives and strategies were aligned to the National Principles for Disaster Recovery.

Conclusion

The evaluation has concluded the Mental Health Recovery Program contributed to the recovery and resilience of the communities impacted by the Queensland Bushfires disaster. Key findings of the evaluation are provided below.

Governance

1. All HHSs partnered with local and state organisations to support sustainable and resilient recovery in targeted communities.
2. Recovery and resilience activities were delivered in collaboration between the HHSs/Mental Health Officers and Community Development Officers.

Community engagement

3. Attendance of Mental Health staff at events provided impacted community members access to information, supporting sustainable and resilient recovery.
4. There is a large correlation between the number of events attended by Mental Health staff and number of clients recorded in the following quarter.
5. A broad range of training sessions were delivered to impacted community members, practitioners, parents, guardians and educators across target areas.

Effectiveness

6. Mental Health staff provided an increase in access points for communities to obtain information and advice regarding mental health recovery.
7. Evidence-based interventions were adopted throughout the program.
8. HHSs and Mental Health Officers partnered with government, non-government, community groups and businesses.
9. Training supplied through the MHRP provided stakeholders with knowledge and skills to support sustainable recovery.
10. The MHRP provided communities access to information, to assist with building resilience to future disasters.
11. Project Officers in Mental Health teams were essential to delivering information to impacted community members, to increase psychological resilience and education.

Implementation

12. Mental Health Recovery Program objectives and strategies were aligned to the National Principles for Disaster Recovery.

Recommendations

The following recommendations are provided to improve the effectiveness of future disaster recovery programs:

RECOMMENDATION 1

Future program advisory groups should provide opportunities for collaboration and information sharing between HHSs, Mental Health Officers and Community Development Officers.

RECOMMENDATION 2

Future programs should seek to strengthen alignment and partnerships with CDOs for improved connection between the response and recovery phase of a disaster.

RECOMMENDATION 3

Collect case studies or survey data from participants to determine the effectiveness of training sessions and materials.

RECOMMENDATION 4

Future programs should report the purpose of promotional materials and target metrics to support evaluation of effectiveness. Metrics may include quantity of distribution, target areas, reach, distribution channels and information promoted.

RECOMMENDATION 5

Consider opportunities to provide health professionals with a resource to support referrals for patients experiencing disaster-related psychological distress – such as a Disaster Recovery Referral Pathway Handbook.

RECOMMENDATION 6

Future programs should continue to strengthen partnerships with Community Development Officers.

RECOMMENDATION 7

Consider opportunities to develop a wellbeing tool or index to measure levels of individual and community wellbeing.

RECOMMENDATION 8

Consider conducting research into mental health resilience to disasters, to use as a benchmark for future programs.

RECOMMENDATION 9

Maintain relationships with partner organisations to build community capacity to respond to future disasters.

RECOMMENDATION 10

Consider surveying training participants to measure confidence levels of their ability to recover from future disasters.

Appendices

Appendix A – Background

2019 Queensland Bushfires

Impacts

The 2019 bushfire events impacted 23 of the 77 local government areas.

The 2019 bushfire season in Queensland was catastrophic. At the height of the season, Queensland Fire and Emergency Services (QFES) was dealing with more than 90 bushfires at one time. More than seven and a half million hectares burnt state-wide, resulting in the activation of the Disaster Recovery Funding Arrangements (DRFA) for 23 Local Government Areas (LGAs).

The Southern Queensland Bushfires and the Stradbroke Bushfires both occurred in September, and the Eastern Queensland Bushfires burnt throughout November and December. The fires impacted the 14 LGAs of Bundaberg, Gladstone, Gold Coast, Gympie, Ipswich, Livingstone, Lockyer Valley, Noosa, Redland, Scenic Rim, Somerset, Southern Downs, Sunshine Coast and Toowoomba.

The fires resulted in impacts across the five lines of recovery (Human and Social, Economic, Built, Environment and Roads and Transport) and have exacerbated existing drought related challenges in a number of communities.

Additionally, fires in other parts of the state saw another nine LGAs activated under the DRFA resulting in the merging of the bushfire events into one disaster event - Queensland Bushfires, September - December 2019. The nine LGAs are Brisbane, Cook, Fraser Coast, Mareeba, North Burnett, Rockhampton, South Burnett, Townsville and Whitsunday.

Response

Human and Social

During the bushfire events there were 11,938 instances of psychological first aid provided to residents within these communities, whilst there were over 12,000 residents financially assisted with EHA grants. A number of key community supports, health and wellbeing recovery impacts and issues have been identified across locations and interest groups.

Building

The Queensland Building and Construction Commission (QBCC) and the Insurance Council of Australia (ICA), either directly or via member organisations, deployed staff to provide advice and assistance at recovery hubs in the immediate aftermath of the fires. The insurance industry prioritised claims from these events, providing confidence and reassurance to the community. Support continues to be provided to impacted local governments and disaster management groups including provision of information and factsheets to assist with the appropriate clean up and repair of sites.

QBCC also opened the Bushfire Rebuild Register to ensure that impacted residents had access to the details of suitably qualified and certified tradespeople in their local area. 291 licensed tradespeople made themselves available to support the repair and recovery of impacted areas.

Roads and Transport

TMR is undertaking slope stabilisation works and geotechnical inspections for further treatment to bushfire-damaged state roads in South East Queensland.

Critical reconstruction work undertaken included:

- Slope stabilisation works
- Facilitation of limited access traffic control
- Emergency works to temporary road closures
- Tree clearing, installing temporary barriers and replacing damaged signage
- Preliminary geotechnical and structural assessments which identified some long-term slope stability issues, which will require complex design solutions and permanent batter slope protection works.

Economic

The 2019 Queensland Bushfires have had a considerable on-the-ground effect on local businesses and economies with detailed, quantified assessments of capital damage and economic loss underway.

In response to the September bushfires, the Tourism Industry Development Division of the former Department of Innovation and Tourism Industry Development (DITID) drafted a Southern Queensland Tourism Recovery Package which focuses primarily on supporting tourism recovery in the Southern Downs and Scenic Rim regions.

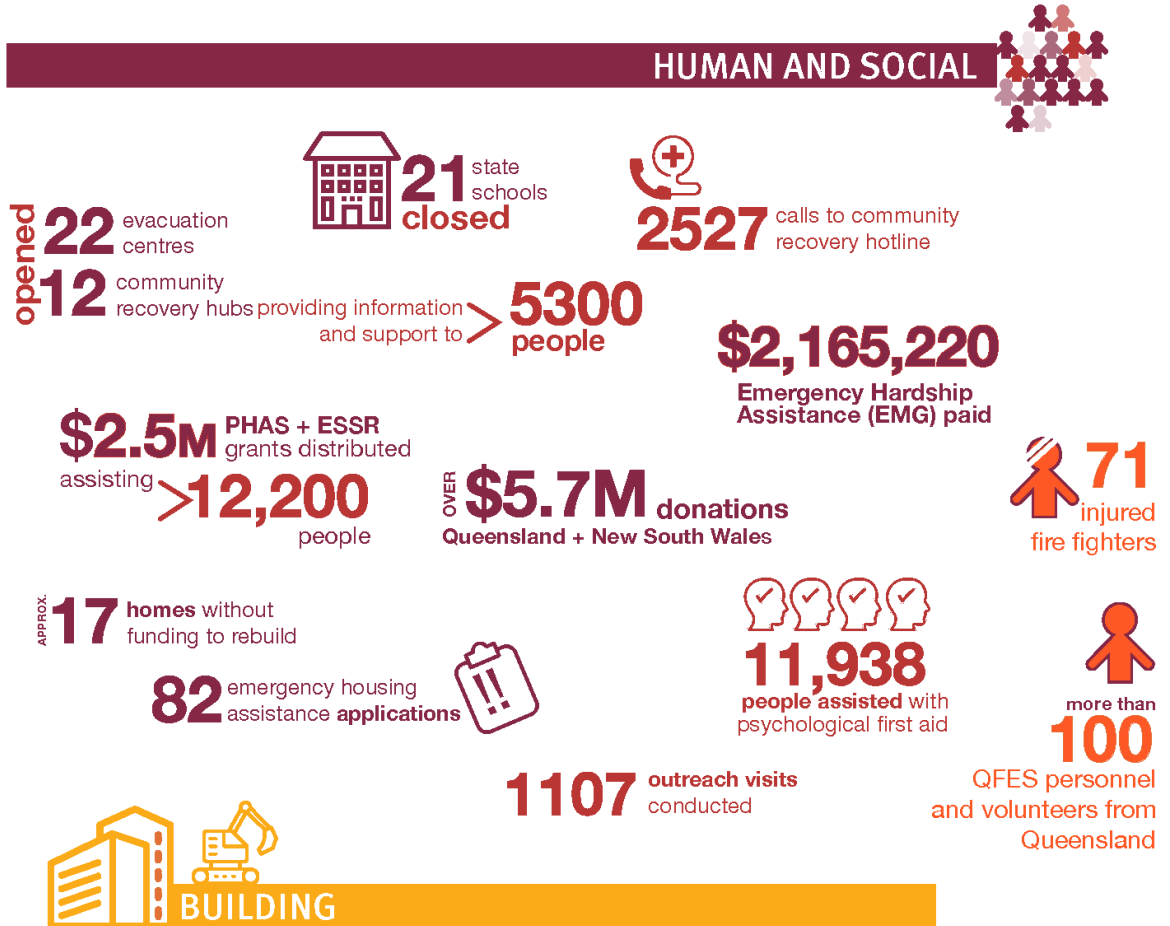
For the November bushfires, the central Queensland office of the Department of Employment, Small Business and Training (DESBT) communicated with Livingstone Shire Council and the former DSDMIP's Rockhampton regional office to determine the impact of the fires on small businesses.

Environment

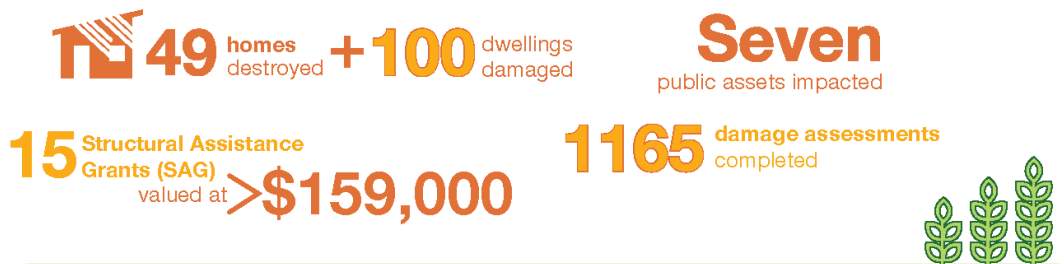
Fire scar mapping was undertaken across the state with a mosaic of the data forming a state-wide perspective. Fire scar mapping and historical fire information is important for improving our understanding and management of fire, and its interactions with climate variability, vegetation and land use. Further fine scale analysis of fire extent, severity and field surveys are needed to confirm distribution and level of impact for priority species and locations, including on Minjerriba (Nth Stradbroke Island). Appropriate recovery actions will then be determined.

Consequences

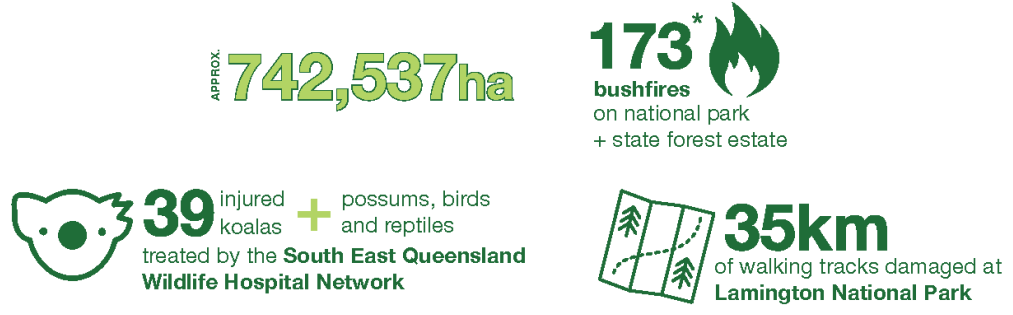
Queensland's 2019-20 bushfire season in numbers



BUILDING



ENVIRONMENT



* Data based on situational reports from the fire ground at a point in time, and reliant upon the accuracy of individual updates.

ECONOMIC



more than **7.7Mha** burnt state wide

300,000 emergency alerts issued

OVER **230ha** high value horticulture crops impacted

29 properties in the horticulture industry impacted



est. **\$17.9M** impact on agriculture industry in the Shire of Livingstone

8500ha grazing land impacted

56 Binna Burra Lodge staff directly affected through loss of employment



56 workers from Binna Burra sourced alternative employment



est. **\$1,133,700** Total direct and indirect impact on small business

First

deployment nationally of **Australian Defence Force Reservists** to assist



100-150

interstate and international personnel assisting the Queensland firefighting effort at any one time



Almost 70 small local businesses surveyed nominated a direct or indirect business impact

est. **\$732,500** Direct impacts to small business

est. **\$9.9M** Tourism disruption in the **Scenic Rim**



more than **3000** bushfires have occurred in Queensland this season

23 activated LGAs covering an area of **7.7M ha**

= **4%** Queensland's land mass APPROX

9,362 Contents Claims **89%** closed

average value **\$11,364**

est. **\$5.2M** Impact to **Southern Downs** agriculture industry

13,252 Residential Building Claims **84%** closed

average value **\$59,077**

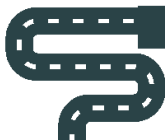
4,577 Domestic Motor Claims **98%** closed

average value **\$11,810**



37 beef producers experienced impacts to their stock

ROADS + TRANSPORT



APPROX. **340 km** state road network impacted

Recovery Package

State recovery planning

2019 Queensland Bushfires – State Recovery Plan

Former Police Commissioner Ian Stewart was appointed to the role of State Recovery Coordinator (SRC) on 18 September 2019 to lead recovery. The role has involved development of this 2019 Queensland Bushfires – State Recovery Plan 2019-2022 (Recovery Plan).

This Recovery Plan acknowledges the existing challenges and inherent resilience of impacted communities and will provide a framework for communities to recover, rebuild and reconnect. Recovery will be delivered across the five lines of disaster recovery – Human and Social, Building, Roads and Transport, Economic and Environment. The Recovery Plan focuses on phase two of the recovery phases – Recovery and Reconstruction.

The aim of the Recovery Plan is to outline support for local governments and communities impacted by the 2019 Queensland Bushfires to enable them to reach a state of ‘recovered.’ The Recovery Plan identifies impacts and develops strategies and outcomes required to restore functionality of community. It aligns capacity and capability to deliver those outcomes.

The Recovery Plan will support communities affected by the impacts of the 2019 Queensland Bushfires, providing them with the framework to access support, recover from its devastation, restore essential infrastructure and functionality, capture lessons and acknowledge the impacts of drought on current circumstances and through their recovery journey.

Roles and responsibilities

Local government

Local government is responsible for ensuring recovery occurs in affected community. This responsibility stems from the Disaster Management Act 2003. In this plan, this responsibility is demonstrated through the inclusion of local recovery plans.

Queensland Reconstruction Authority

QRA is the lead agency for coordination and development of disaster recovery, resilience and mitigation policy in Queensland. QRA supports the delivery of recovery and reconstruction projects for communities impacted by the 2019 Queensland Bushfires from a state perspective by providing coordination and facilitation of communication across the five FRGs to achieve whole-of-community outcomes. QRA also administers funding assistance on behalf of the Commonwealth and Queensland governments under the DRFA. QRA will provide regular reports outlining recovery progress across local governments, informed by the FRGs at a state level.

State Recovery Policy and Planning Coordinator

The Chief Executive Officer of the QRA also fulfils the role of the SRPPC. The SRPPC works with the SRC to ensure a smooth transition between response and recovery, as well as overseeing recovery operations including state-level preparedness and recovery policy, planning and capability development.

State Recovery Coordinator

The SRC works in partnership with the SRPPC to coordinate recovery activities for the 2019 Queensland Bushfires, reports regularly to the QDMC, and provides strategic advice to government agencies undertaking disaster recovery work.

Deputy State Recovery Coordinator

The Deputy SRC provides local support to the SRC or acts as the SRC in the SRC's absence. The Deputy SRC also provides Queensland Government with critical insights on how to best assist communities on their road to recovery.

Recovery support and collaboration

Effective recovery requires collaboration between local, state and federal governments, community and non-government agencies in consultation with impacted communities. Other agencies that play a part in assisting with the recovery of impacted communities are listed in Annex A, including their purpose and contact details.

Functional recovery groups

FRGs coordinate and support the planning and implementation of Queensland's whole-of-community recovery activities across the five lines of recovery – Human and Social, Building, Roads and Transport, Economic, and Environment – supporting local government to fulfil its recovery objectives. The FRGs leverage existing strong partnerships between local and state government to ensure close collaboration and coordination during the management of recovery activities. Activities are in accordance with the needs and priorities identified by communities and the state and includes those outlined in local recovery plans. The Recovery Plan is delivered locally with support from FRGs and QRA, with oversight from the Queensland Disaster Management Committee.

National Bushfire Recovery Agency

The Agency is responsible for administering a National Bushfire Recovery Fund which is supporting recovery efforts across Australia over the next two years. An initial \$2 billion has been allocated to this fund, which is in addition to other services and support available under existing natural disaster support mechanisms. The Agency works shoulder to shoulder with and for communities and collaborates with all levels of government, industry experts, business and charity sectors.

Department of Home Affairs – Emergency Management Australia (EMA)

EMA plans and coordinates Australian Government disaster recovery assistance to Queensland and contributes a significant portion of funding to Queensland to help individuals and communities recover from disasters with financial support.

Human and social recovery plan

Impact summary

The human and social impacts from the 2019 Queensland Bushfires have been evident, with community disruption, infrastructure damage, psycho-social impacts and financial hardship affecting the local government areas of Bundaberg, Gladstone, Livingstone, Lockyer Valley, Noosa, Scenic Rim, Somerset, Southern Downs, Sunshine Coast and Toowoomba. Several areas have been evacuated or impacted by bushfires more than once, and this has had significant psychological impact upon the community members in the impacted areas. During the bushfire events there were 11,938 instances of psychological first aid provided to residents within these communities, whilst there were over 12,000 residents financially assisted with EHA grants.

This highlights some of the compounding psychological impacts that the fires have had on the affected communities. Concerns regarding air quality were also raised, with air toxicity levels being some of the highest recorded since 2009 in certain areas. It should also be noted that many of these communities have also been subject to ongoing drought conditions and in recent years, some have been impacted multiple times by cyclones, floods or bushfires.

- Over 3700 claims for Australian Government Disaster Recovery Payments (AGDRP) and Disaster Recovery Allowances were lodged by bushfire affected people in Queensland and New South Wales (across all bushfire events) resulting in \$4,593,400 being paid.
- Over 12,796 donated goods for the 2019 Queensland Bushfires have been provided through GIVIT.
- Significant financial hardship support is also being provided by emergency relief service providers and charities such as Uniting Care QLD, GIVIT and Salvation Army, who have held public appeals for Queensland and New South Wales bushfire relief. This has been particularly targeted to people who fall outside the grant eligibility criteria and/or who have significant damage/losses.

Southern Queensland Bushfires

A number of key community supports, health and wellbeing recovery impacts and issues have been identified across locations and interest groups.

Financial hardship:

- 3538 EHA grants paid with a total of \$1,443,600 paid to assist 8095 residents.
- 22 Essential Household Contents grants paid with a total value of \$29,035.
- Four Structural Assistance Grants paid with a total value of \$25,400.
- Three ESSR scheme grants paid with a total value of \$13,290.
- In total, \$1,511,325 has been distributed under the jointly funded state and Commonwealth PHA and ESSR schemes to impacted communities throughout the event to date.

Housing and accommodation:

- 87 properties were assessed as damaged with 21 having severe or total destruction.
- DHPW received 49 applications for emergency housing assistance, all 49 applications have been finalised and closed.

Provision of a range of social, emotional and psychological support services:

- Partner agencies (Uniting Care QLD – Lifeline and Red Cross) have provided 5738 instances of psychological first aid.
- 1398 phone calls were made to the community recovery hotline.
- 3484 visitors attended the four community recovery hubs.
- 271 outreach visits were conducted to provide support to impacted communities.

Partner agency referrals:

- Many of these communities were already impacted by drought further compounding the impacts of the bushfires. This was particularly noticeable with the unusually high numbers of farmers seeking financial, emotional and practical support. Referrals to a range of existing community and welfare services, and to the extraordinary disaster-specific partner agencies were crucial in providing the level of additional support that was required by these communities.
- During outreach and hub operations, over 475 referrals were issued to partner agencies working in conjunction with Community Recovery.

Community disruption:

- A total of 18 state schools were closed during this event.
- There was disruption of community social events, volunteering and community services activities (due to impacts upon volunteers and staff), impacts on sporting or service facilities, road closures, and impact on financial capacity of business to support events and/or community members to attend.

Community concerns:

- The ongoing drought continued to be a concern for residents, not only for water preservation but potential of further bushfire danger from the extreme hot and dry weather.

- Air toxicity was also a concern raised by community members based on the smoke-filled haze affecting much of the state during this event. Residents with asthma or respiratory problems were most adversely affected, with children and the elderly also being of concern.

Eastern Queensland Bushfires

A number of key community supports, health and wellbeing recovery impacts and issues have been identified across locations and interest groups.

Financial hardship:

- 1799 EHA grants paid with a total of \$721,620 paid to assist 4080 residents.
- 37 Essential Household Contents grants paid with a total value of \$66,340.
- 11 Structural Assistance Grants paid with a total value of \$133,640.
- 13 ESSR scheme grants paid with a total value of \$64,489.
- In total, \$988,939 has been distributed under the jointly funded state and Commonwealth PHA and ESSR schemes to impacted communities throughout the event to date.

Housing and accommodation:

- 48 properties were assessed as damaged with 29 having severe or total destruction.
- DHPW received 33 applications for emergency housing assistance. 31 applications have now been finalised and closed. DHPW continues to manage the remaining two applications.

Provision of a range of social, emotional and psychological support services:

- Partner agencies (Uniting Care QLD – Lifeline, Queensland Health and Red Cross) have provided 6200 instances of psychological first aid.
- 1129 phone calls were made to the community recovery hotline.
- 1843 visitors attended the three community recovery hubs and five pop-up hubs.
- 836 outreach visits were conducted to provide support to impacted communities.

Partner agency referrals:

- Many of these communities had recently been impacted by the Southern Queensland Bushfires, which has added another layer of complexity with the compounding and cumulative impacts evidenced by the level of personal support required. Referrals to a range of existing community and welfare services and to the extraordinary disaster specific partner agencies were crucial in providing the level of additional support that was required by these communities.
- During outreach and hub operations, over 475 referrals were issued to partner agencies working in conjunction with Community Recovery.

Community disruption:

- A total of three state schools were closed during this event.
- During this event many people were evacuated on more than one occasion, leaving residents in a constant state of heightened vigilance, resulting in individual and community fatigue.
- Disruption of community social events, volunteering and community services activities (due to impacts upon volunteers and staff), impacts upon sporting or service facilities, road closures, and impact on financial capacity of business to support events and/or community members to attend.

Stradbroke Bushfires

- An evacuation centre housed up to 25 residents over the four day peak of the fires.
- Evacuated residents were provided with psychological first aid and counselling through community champions who are trained Red Cross Volunteers.

Community concerns

- The cumulative impacts of multiple events over the last couple of years has begun to deteriorate communities' wellbeing with many communities stating they are 'worn down'. These complications have caused anger, frustration and a genuine level of concern in communities.
- Extremely high referral rates were recorded by partner agencies during this event which further supports the conclusion that the cumulative impact is taxing resilience
- and exceeding community resources.
- Air toxicity was a concern raised by community members based on the smoke-filled haze affecting much of the state during this event. Residents with asthma or respiratory problems, children and the elderly were most adversely affected.
- Concern for wildlife and loss of habitat as well as farming/livestock was also an additional reported stressor.

Recovery outcomes

Sustainability

- Adequate housing is available to community members at appropriate times in the recovery process.
- Community members have access and are able to meet health needs (including mental health) arising from the disaster.
- Community members have access to psychosocial support.
- Households, families and individuals can act autonomously to contribute to the recovery process.
- Community members have access to education services.
- Community members have access to appropriate and coordinated social services.
- Community members feel sufficiently safe and secure following a disaster to engage in social activities and interactions with other members of the community.

Resilience

- The community has improved capacity and capability to respond to future disasters.
- The Community Recovery Package delivered targeted support to individuals and families to recover from the 2019 Queensland Bushfires, as well as building community capacity to more effectively respond to future events.

Program

Program guidelines

Eligibility criteria

Eligible costs

Eligible costs must be directly associated with the delivery of the Mental Health Recovery Program and may include, but not limited to:

- extraordinary State agency and local government wages such as overtime, additional allowances of officers undertaking eligible program activities
- costs associated with travel, allowances and accommodation
- wages associated with new staff engaged under the program as specified in Section 3.1
- contractor costs, temporary employees or consultants
- IT and creative agency costs (eg graphic design, IT architecture/website/app design)
- graphic design and technology/web design/on line booking system

- g. printing of materials to promote mental health recovery related events
- h. promotion and marketing of mental health recovery related events (including social media advertising)
- i. venue and equipment hire, catering
- j. costs associated with the delivery of training and education programs, including but not limited to:
 - o facilities hire
 - o planning and facilitation
 - o design and publication of materials
 - o advertising such as radio, print media and billboard space.
- k. vehicle costs including leasing, fuel, insurance, etc
- l. extraordinary office rental and supplies for remote service delivery
- m. telecommunications purchases and expenses to ensure safety on outreach and remote visits
- n. computer hire and IT levies such as right to access QH IT networks and software licences to enable clinicians to document clinical treatment provision. All other non-labour expenses includes individual treatment and group work resources, such as materials and minimal catering costs and also recruitment and on-boarding costs such as staff swipe cards and police checks
- o. clinical training programs (pending available funding) to upskill the mental health recovery workforce in the latest evidence based treatment approaches to post disaster conditions such as PTSD or complex grief.

Any purchase of new assets must align with Section 8.4.6 in the *Queensland Disaster Relief and Recovery Guidelines, November 2018*.

Ineligible costs

Ineligible costs may include, but not limited to:

- a. costs of preparing DRFA funding applications, reports or associated supporting material
- b. remuneration of permanent or executive officers
- c. unsupported on-cost charges and non-specific indirect and overhead costs
- d. core business activities
- e. remuneration of employees for work not directly related to the Program
- f. profit margins of Qld government agencies and local governments
- g. legal costs
- h. in-kind contributions
- i. cash prizes or commercial gifts
- j. core business for an organisation
- k. purchase of core business capital equipment such as office equipment
- l. duplication of existing initiatives

- m. ongoing costs for administration, operation or maintenance
- n. unsupported on-cost charges.

Appendix B – Evaluation plan

Program outcomes

The 2019 Queensland Bushfires identified high level recovery outcomes organised around the five functional lines of recovery. The community recovery objectives that relate to the Mental Health Recovery Program are as follows:

- reduce psychological distress and symptoms resulting from flooding experiences and resulting dislocation and disruption
- psychologically prepare impacted communities for future disasters.

Program logic

A program logic diagram has been developed as part of this evaluation.

The diagram shows the relationship for how:

- outputs can be measured against indicators
- indicators relate to the program strategies
- program strategies achieve recovery objectives
- recovery objectives align to the overall recovery objective of sustainable and resilient communities.

Program monitoring data

Quantitative

The quantitative data planned for regular and ongoing monitoring is the:

- expenditure
- people screened
- referrals received
- clinical intervention and service
- team staffing
- community events and engagements
- resources and training materials.

Qualitative

The qualitative data planned for regular and ongoing monitoring are:

- new pathways created
- partnerships
- case studies.

Financial

The financial data planned for regular and ongoing monitoring is the:

- total expenditure to date.

State reporting

Recovery reporting

The quantitative and qualitative monitoring data and financial progress reports were referenced by QRA to inform the requirements of progress reports prepared as part of the Queensland Bushfires, September – December 2019.

Community Recovery Package reporting

The quantitative and qualitative monitoring data and financial progress reports were reviewed, aggregated and summarised by QRA; then submitted to EMA as part of the DRFA Category C Community Recovery Package reporting arrangements.

Program reviews

QRA conducted regular program reviews of all DRFA funded programs, including a comprehensive program review three times each year. The Community Development Program was incorporated in this review, with time allocated for DCDSS representatives or QRA liaison officers to brief the QRA Executive team on the program and progress.

Program evaluation

Key evaluation questions

Key evaluation questions (KEQs) give focus to different aspects of a disaster recovery program. A list of KEQs is provided in the framework, which has been considered and sampled in the evaluation of the Flexible Funding Grants Program. Additional KEQs have been developed by QRA to support further evaluative activity specific to this program.

KEQs have been sampled based on:

- relevance to this program
- availability of monitoring data
- coverage of all five evaluation aspects of a disaster recovery program.

KEQs sampled for this evaluation are indicated with a tick (ü).

Governance

To evaluate the governance of disaster recovery programs, the following KEQs were sampled to assess whether the governance structure helped to achieve recovery outcomes.

Governance key evaluation questions	Sampled
G1 Has the governance structure taken a long-term perspective on outcomes and recognised the complexity of the process?	
G2 Has the governance structure ensured recovery programs are monitored on a regular basis?	
G3 Has the governance structure ensured programs are adaptive to changing needs and impact?	
G4 Has the governance structure ensured recovery plans clearly define roles and responsibilities for disaster recovery?	
G5 Has the governance structure ensured governance procedures conform to legislation, policies, and other plans?	
G6 Has the governance structure established community-managed funds and other resources for disaster recovery?	
G7 Is there a shared understanding among stakeholders regarding disaster recovery responsibilities, authority and decision-making?	
G8 Has the governance structure ensured that governance is transparent and accountable?	
G9 Has the governance structure managed unintended consequences that might flow from recovery activities?	
G10 Has the governance structure coordinated response and relief efforts with the recovery process so that the two ‘work together’?	ü

Community engagement

To evaluate the community engagement on disaster recovery programs, the following KEQs have been sampled to assess whether the engagement process appropriately drew from the community to ensure the community was integral to the recovery process.

Community engagement key evaluation questions	Sampled
C1 To what extent did the community have access to and were engaged in the program?	
C2 Has community engagement occurred in a timely and on-going way that provides adequate representation of community views?	
C3 Is there shared vision of a sustainable and resilient community that is understood by the community?	
C4 Has there been joint planning between community actors and emergency teams and structures?	
C5 Do organisations have capacity to develop and manage community volunteers for disaster recovery?	
C6 Are recovery plans developed through participatory processes?	
C7 Does the community have the capacity and formal avenues to lobby and challenge external agencies on disaster recovery plans, priorities, and actions?	
C8 Is there inclusion/representation of vulnerable groups in community decision-making and management of disaster recovery?	
C9 Are agreed plans and management arrangements well understood by the community and all disaster management agencies?	
C10 Has information been developed and disseminated in multiple media, multi-lingual formats, alternative formats; is appropriate to a diverse audience, user-friendly; and accessible to under-served populations?	
C11 Do community members have information they need to continue recovering from the disaster?	ü
C12 Are evolving community needs assessed and prioritised during the recovery process to inform recovery activities?	
C13 Are governance processes appropriately inclusive and representative of the affected community?	

Effectiveness

To evaluate the effectiveness of disaster recovery programs, the following KEQs have been sampled to assess whether the program was effective in achieving the overarching recovery outcomes.

Effectiveness key evaluation questions		Sampled
E1	To what extent did the disaster recovery program produce a sustainable community?	ü
E2	To what extent did the disaster recovery program produce a resilient community?	ü
E3	Was there any trade-off between achieving resilient outcomes and sustainable outcomes?	
E4	To what extent did program activities and resources allow positive interaction among the recovery domains (lines of recovery / other programs)?	

Efficiency

To evaluate the effectiveness of disaster recovery programs, the following KEQs have been sampled to assess whether the program was efficient in its implementation.

Efficiency key evaluation questions		Sampled
H1	How cost effective was the program?	
H2	To what extent did the program achieve the right balance between centralisation of some activities to achieve economies of scale while at the same time being responsive to local needs and conditions?	
H3	Did the program prevent price escalation stemming from the level of demand and competition between organisations?	
H4	How well did the program balance the need to optimise between cost of restoring essential public assets and the cost of delaying such projects?	
H5	How appropriate were the price benchmarks used to evaluate service providers?	
H6	Did the program achieve value for money relative to the disaster recovery context?	

Equity

To evaluate the equity of disaster recovery programs, the following KEQ has been sampled to assess whether the program was equitable in its implementation.

Equity key evaluation questions	Sampled
Q1 To what extent was program delivered across different stakeholder, regions and social groups?	

Implementation

To evaluate the effectiveness of disaster recovery programs, the following KEQs have been sampled to assess whether implementation of the program was appropriate.

Implementation key evaluation questions	Sampled
I1 To what extent was the program delivered as intended?	
I2 Was the program consistent with the National Principles for Disaster Recovery?	ü
I3 To what extent has the program been implemented according to the recovery plan?	
I4 Did the speed of the recovery process compromise quality of services?	
I5 Did the recovery program meet community needs as they changed over time and in response to changes in disaster impact?	
I6 To what extent did program activities and resources effectively encourage interaction between outcome domains?	
I7 Where disaster recovery involved several separate components or projects, how well coordinated were these with each other?	
I8 To what extent was the recovery process affected by external factors that may have had an impact on the community’s ability to recover?	

Dissemination of findings

The evaluation will be shared with relevant Queensland Government departments and agencies.

A copy of the evaluation report will be uploaded to the National Disaster and Evaluation Database hosted at the Australian Disaster Resilience Knowledge Hub.



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