Centre for Health Initiatives

Evaluation of the Support Worker Role in ‘Project Bounce Forward’

Final Report

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Contents

1. Executive Summary ...................................................................................................................... 5
2. Background: ............................................................................................................................... 8
   a. Aims ........................................................................................................................................... 9
3. Methodology ................................................................................................................................ 10
   Materials ....................................................................................................................................... 10
   Recruitment ................................................................................................................................... 11
   Service users: ............................................................................................................................... 11
   Support Workers and DSCC Key staff ......................................................................................... 11
   Other Stakeholders/External agencies ....................................................................................... 12
   Analysis of qualitative data ......................................................................................................... 12
4. Key findings ............................................................................................................................... 13
   Results .......................................................................................................................................... 14
   1. Service Users ........................................................................................................................... 14
      Support needs ............................................................................................................................ 14
      High levels of satisfaction ......................................................................................................... 15
      Finding and accessing the service ............................................................................................ 16
      Familiarity ................................................................................................................................ 17
      Level of contact and flexibility in communication .................................................................... 18
      Barriers - Awareness of services .............................................................................................. 19
   2. Support Workers ...................................................................................................................... 22
      Familiarity with the community .................................................................................................. 22
      Staffing ....................................................................................................................................... 23
      Community outcomes .............................................................................................................. 23
      Support worker outcomes ........................................................................................................ 24
      Facilitators of service delivery ................................................................................................ 25
      Other barriers to service delivery ............................................................................................ 28
   3. External stakeholders and Governance staff ........................................................................ 30
      Community outcomes .............................................................................................................. 30
      Impact on organisations .......................................................................................................... 31
      Skills necessary for the role ..................................................................................................... 32
      Facilitators of service delivery ................................................................................................ 33
      Other barriers to service delivery ............................................................................................ 34
   9. Recommendations .................................................................................................................. 37
Conclusion ............................................................................................................................................. 41
Appendix A – Structured Interview Guides .......................................................................................... 42
APPENDIX B – Summary of key results in relation to aims ................................................................. 50
  Aim 1: Community outcomes of the support worker service ......................................................... 50
  Aim 2: Satisfaction with the service ................................................................................................. 51
  Aim 3: Barriers and Facilitators ....................................................................................................... 53
Glossary

Note the use of the following acronyms used throughout this document.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>PBF</td>
<td>Project Bounce Forward</td>
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<tr>
<td>OEM</td>
<td>Office of Emergency Management</td>
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<tr>
<td>DSCC</td>
<td>Dungog Shire Community Centre</td>
</tr>
<tr>
<td>FaCS</td>
<td>Family and Community Services</td>
</tr>
<tr>
<td>CHI</td>
<td>Centre for Health Initiatives</td>
</tr>
<tr>
<td>NDRRA</td>
<td>Natural Disaster Relief and Recovery Arrangements</td>
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Evaluation of the Support Worker Role in ‘Project Bounce Forward’

1. Executive Summary

Project Bounce Forward (PBF) was established by Dungog Shire Community Centre (DSCC) in response to the 2015 flooding in Dungog, NSW. To better meet the needs of the community at this time, the Office of Emergency Management administered funding through the Natural Disaster Relief and Recovery Arrangements (NDRRA) for two time limited support worker positions, to assist and support recovery for community members affected by the storm. The current report aims to provide a qualitative evaluation of the support worker role utilising semi-structured interviews with a number of stakeholder groups, including service users, DSCC staff, external stakeholders (from referral agencies and other organisations), and the support workers themselves.

The aims of the research were:

1. Identify **community outcomes** of the support worker service;
2. Gauge **satisfaction** with support worker service from the perspective of the different stakeholder groups and those involved in service delivery;
3. Identify **barriers** to and **facilitators** of service delivery, as identified by those involved in delivering the service and external stakeholder groups; and,
4. Provide **recommendations** for natural disaster support worker services, so that lessons learned may be used to inform future interventions.

Semi-structured interviews were conducted in March/April 2016 with seven service users, two external stakeholders, two governance staff members from DSCC and three support workers employed across the intervention period.

Outcomes for the community were primarily positive, and included provision of emotional/psychological support (e.g., counselling), practical support (e.g., help with re-housing), advice/referrals, and an enhanced sense of community. Results indicated that the capacity to deliver emotional support was perceived as
particularly important. Feedback from service users was unanimously positive with regards to the support workers, but indicated other areas that could be improved in future interventions, including increasing awareness of what is offered and who is eligible for support. Reasons for satisfaction with the service included the ease of contacting the support workers, the fact that they were local to the Dungog area, their non-judgemental and friendly communication style, the personalised approach to service delivery, and that the support workers were flexible in terms of what they could do for them and where they could meet with them.

A number of barriers to service delivery were noted including the need for a greater number of support workers over a longer period of time, the need to increase awareness of services and knowledge about their scope among service users, the timeliness of funding for support worker roles, service restrictions associated with being located in a rural area, the lack of a tailored framework specific to the needs of the Dungog area, and communication issues with stakeholders.

On the flipside, facilitators of service delivery included the familiarity of support workers with the community, the effective relationship between the support workers and other staff at DSCC, a collaborative relationship with clubs like Rotary and Lion’s, the breadth of services offered by the support workers, the focus on moving forward within communications, and the capacity of communities to lead and take ownership of their own recovery. Skills and characteristics of support workers which were seen to facilitate success were counselling skills, experience in case management, formal training in psychology or a related field, and basic computer skills.

These findings were integrated to provide a number of recommendations for future interventions to assist community recovery from natural disaster. Key recommendations included:

1. Clear communication to the community about what the service offers and who is eligible for assistance;
2. Realistic/accurate estimates of potential service users, their characteristics, and recovery time for the community as a whole;
3. Establishment of a collaborative relationship with other agencies;
4. Effective and regular communication between stakeholders;
5. Timely commencement of funding for support worker roles;
6. Where possible, flexibility of funding or the ability to augment funding from another source, so support worker roles can be extended to include the anniversary of the natural disaster;
7. Employment of support workers who are familiar with the community;
8. Encourage community led recovery (if the community has the capacity for this);
9. Recovery frameworks should be tailored to the specific community/natural disaster;
10. Establishment of a central point of contact for multiple services;
11. Flexible, but clearly defined, roles for the support workers;
12. Careful consideration of qualifications and experience of support workers placed in the role;
13. Providing support for the support workers to minimise distress;
14. Partnering support workers with a funded community renewal officer; and,
15. Strategies to reduce access barriers for service users.
2. Background:

On April 21st 2015 Dungog Shire was hit with a severe storm causing flooding, damage to over 130 houses, and loss of life. Many households and streets were affected as a result of the flooding, including an aged care community, Alison Court, where two residents drowned. Two other deaths in the Shire in the weeks after the event added to the psychological distress felt throughout the community, and cemented the need for additional support to assist recovery.

Significant challenges to recovery included the need for long term housing, and access to a Disaster Relief Appeal Fund. The large scale loss of houses meant that 129 people were living in either storm/water damaged houses, in temporary accommodation, or with family and friends. The need for support to find housing, repair existing homes and start rebuilding lives was highlighted alongside the need for psychological support to address the trauma and experiences of loss.

Directly following the storm event, Dungog Shire Community Centre (DSCC) provided initial crisis response and early recovery operations, as the storm had made the Dungog area inaccessible to outside help. Activities like provision of emergency housing, food, clothing and welfare support, and co-ordination of volunteers and donation were managed as an extension of community activities usually performed by the DSCC.

In the weeks following the storm, it was identified that the community had greater needs for support, particularly in terms of linking people with the services they require through referrals. Recovery is a slow process, and the process of rebuilding lives can be overwhelming and tiring for individuals affected. Thus, the need for individualised support, connecting people with appropriate services and funding was also a priority. As such the Office of Emergency Management (OEM) administered funding through the NDRRA to provide two support workers to case manage, connect with and nurture individuals affected by the storm.

From this, two support worker positions were made available: one for intensive case management (over 4 months) and another for longer term case management (over 9 months). Over the course of the 9 month period, three support workers were employed, and were made part of Project Bounce Forward (PBF), a broader
initiative from DSCC aimed at rebuilding the community. Project Bounce Forward was publically launched on 15th July 2015, more than two months after the storm event.

This support worker intervention was a targeted, place-based strategy, modelled on similar support services used in the past for communities recovering from natural disasters. It was aimed at providing sustained, individualised case management alongside practical support.

a. Aims

The current report aims to provide a qualitative evaluation of the support worker component of PBF utilising semi-structured interviews with a number of stakeholder groups, including service users, DSCC staff, external stakeholders (from referral agencies), and the support workers themselves.

More specifically, a number of objectives were identified including:

5. Identify **community outcomes** of the support worker service
6. Gauge **satisfaction** with service from the perspective of the different stakeholder groups and those involved in service delivery
7. Identify **barriers** to and **facilitators** of service delivery, as identified by those involved in delivering the service and external stakeholder groups
8. Provide **recommendations** for natural disaster recovery services, so that lessons learned may be used to inform future interventions

For the purposes of this report, all references to PBF are intended to exclusively refer to the support worker role, and do not include the broader activities that were undertaken as part of PBF (e.g., donations via a community appeal, renewal projects, disaster relief).
3. Methodology

This evaluation involved the conduct of semi-structured interviews with three relevant stakeholder groups (service users, service providers, external stakeholders) to address the evaluation aims. Semi-structured interviews were selected as they are ideal in exploring user and provider preferences and satisfaction with services, and to identify barriers and facilitators of success for the intervention.

The interviews were conducted via telephone (rather than face to face) so that participants could be interviewed in the convenience of their own home (or a location of their choosing) limiting the impact of participation on their comfort and well-being. This was especially important since some stakeholders currently reside outside of the Dungog Shire and so geographical access is an issue.

Once clearance from the University of Wollongong Human Research Ethics Committee was obtained, interviews were undertaken throughout March and April 2016.

Materials

Appendix A provides the semi structured interview guide for each stakeholder group. The interview guides were developed from existing guides used for a similar evaluation project, and featured distinct questions related to the experience of each participant group.

- The service users interview guide focussed around satisfaction with the service, reasons for using the service and support needs, ease of contacting and accessing the service, and other features of the service which may have affected service user outcomes. The service user interview guides were designed to assist in answering research questions 1 and 2 primarily, but also relate to question 4 as they may be used to inform recommendations.

- The support workers interview guide probed in greater depth the barriers to and facilitators of delivering such a service in the Dungog community, the key skills they drew upon to deliver the service, the impact this had on their personal wellbeing, their perception of community outcomes from their role, and their experiences as a worker on the ‘front line’ of PBF. In this way, the
interview guide for the support workers aimed to address all 4 research questions.

- The interview guides for other governance staff at DSCC and external stakeholders from other agencies focussed around identifying barriers and facilitators at a governance/management level, probing if and how the support worker role altered normal functioning within the organisations, and exploring perceived benefits to the community that may have resulted from the funding of the support workers. These interview guides therefore addressed all 4 research questions.

**Recruitment**

Details of recruitment methodology for each of the participant groups are provided below. Recruitment activities were undertaken during February 2016.

**Service users:**

17 service users were invited to participate in the semi-structured interviews via an initial mail-out from the Office of Emergency Management. This mail out included an invitation to participate, information about the project aims (i.e., evaluation of the service they received from the support workers), a consent form, and a self-addressed envelope for return of forms to the Centre for Health Initiatives (CHI). All materials emphasised the independence of the evaluation and assured confidentiality. Those who gave their consent were then contacted via email/phone one more time to schedule their interview. Interviews were then conducted by a trained researcher from CHI. All interviews were recorded and transcribed, and at this point, were de-identified to preserve confidentiality.

**Support Workers and DSCC Key staff**

Consumer interviews were supplemented with key worker interviews. The three case management/community support workers and two other key staff members at DSCC were invited to participate in the semi-structured interviews.
Confidentiality of responses was assured and qualitative data was de-identified prior to write up of results. No names are mentioned in reporting of results, however, as roles may be relevant to the learnings, these are alluded to where necessary.

**Other Stakeholders/External agencies**

Four external stakeholders from organisations associated with PBF were contacted in an identical manner to the key workers. Potential stakeholders included council staff, referring agencies, recovery workers and other relevant staff. Interviews with stakeholders were conducted, in order to ascertain their interaction/communication with the service and their perceptions of effectiveness. The consent/interview process was identical to that for the key staff interview group.

Following initially small participant numbers, a second ‘reminder’ mail out was conducted 6 weeks later, with additional interview times/days, resulting in three additional participants (one case worker and two external stakeholders) volunteering to be part of the research.

**Analysis of qualitative data**

Thematic analytic techniques were used to uncover perceptions and opinions surrounding the role of the support workers in PBF. Data was coded according to content and the primary themes were extracted. In some cases, sub-themes were identified which added depth and understanding the primary theme. These results are presented below.
4. **Key findings**

Table 1 shows the number of participants and response rate for each of the participant groups.

<table>
<thead>
<tr>
<th>Participant group</th>
<th>Participants invited</th>
<th>Participants consented to research</th>
<th>Response rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service users</td>
<td>17</td>
<td>7</td>
<td>41%</td>
</tr>
<tr>
<td>Support workers</td>
<td>3</td>
<td>3</td>
<td>100%</td>
</tr>
<tr>
<td>External stakeholders</td>
<td>4</td>
<td>2</td>
<td>50%</td>
</tr>
<tr>
<td>Governance staff</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>26</strong></td>
<td><strong>14</strong></td>
<td><strong>54%</strong></td>
</tr>
</tbody>
</table>

A full elaboration of results is presented below, grouped according to theme for each of the participant groups. A summary of results, grouped according to the research question is presented separately as Appendix B.

Names of people and organisations that the participants work for have been replaced with “XX” to protect confidentiality and prevent identification.

Please note that the terms “support worker” and “case manager” are used interchangeably in results, as these were the phrases used by participants.
Results

1. Service Users

Support needs

Participants’ reasons for using the service were varied and four sub themes were identified: Psychological/emotional support (e.g., help with trauma), practical support (e.g., replacing goods and repairs), advice/advocacy (e.g., financial assistance, accommodation, referrals) and the skills/personality of the support workers themselves.

Psychological support: “I wasn’t thinking properly at all and I needed somebody to help me…. It was very traumatic so in a state of trauma they were there to help”

Practical support: “I lost my air conditioner… and [the support worker] was there then and she organised the Lion’s club and they put it in for me”

Advice: “We rang just looking for advice after we were told we weren’t eligible for assistance because we both work”

Support workers: “It was how helpful [the support worker] was … it was the fact she explained everything for us”

One participant emphasised that the support workers provided an essential central point of contact for other services:

“Oh, they were just on top of everything, and we were a bit lost… When we realised they had set up help services there, [we thought] we’ll just go there – we’ll talk to them first. And then if they could refer us on to someone else they did, and if they could help us out they did. So it was good to have that central point of contact”

The capacity of support workers to provide emotional support was a frequently mentioned reason for engaging with the service, and was a key element for service users. Results indicated that, from a service user perspective, the emotional support received was as important as the practical support.
“Yes, it was really good to see someone walk to you and give you a hug. The emotional support and the physical support was really needed. I don’t know how I would have got through without them, honestly.”

“It was just getting too much emotionally... to have that support there was really, really good”

“Once they saw I wasn’t coping with the whole lot... they were just there to talk to or just listen... so it was really good”.

Service users who utilised the support workers for more simple or discrete tasks were unlikely to report changes in the nature of their needs over time (e.g., “it was kind of the one issue”), but four of the seven participants stated that their needs did change over time, and that this was accommodated by the support workers. Initial concerns centred around practical matters – food, clothes and shelter, for example – whereas further down the timeline emotional support became more important, particularly when residents began returning to their flood damaged homes.

“Initially it was just trying to get some financial support... then [later] it was to get myself back into work, which I had to do to get money coming back in”

“It really changed quite a bit – there were those basic needs to begin with and there were other incidental things... [and then] we’d be talking about the whole experience and they’d be offering emotional support...It sort of changed with the times, like we felt better and then we felt worse and then better again”.

**High levels of satisfaction**

Responses from service users indicated a uniformly high degree of satisfaction with the services provided by the support workers. When probed to assign a number to their level of satisfaction between 1 and 5, where 1 indicated being not satisfied and 5 indicated being very satisfied, the lowest assigned score was 4 and the highest was 20, with participants indicating that they couldn’t stay within the 1 to 5 range.

“Oh, about a 20... they were there the first day – they just hit the ground running and the whole community centre was just incredible”
“Definitely a 5”

“I’d give them 10 out of 10… they’ve been brilliant”.

All but one participant assigned the support workers the highest possible rating. The participant who assigned the lowest rating (4 out of 5) described problems with feeling “left behind” because of their lack of insurance, did not feel that they had been adequately informed about the services available to them. However, they indicated that this had nothing to do with the support workers themselves, and that once the support works found out about their needs, they were quick to act. This is discussed in more depth later (under the “communication” theme).

Furthermore, all participants indicated that the service provider by the support workers was **responsive to their individual needs and values**. Their ability to individualise support and their non-judgemental means of interacting was highly valued.

“Oh yes. They were terrific.”

“Yes, because she just helped me with the depression…revisiting what I should be doing and things like that – like a self-care plan.”

“It was absolutely non-judgemental which I found really nice…they listened and adapted their responses to what our needs were at the time.

**Finding and accessing the service**

All participants reported that the support workers were **easy to locate and access**, and that this factor contributed to their satisfaction. Participants reported varied ways of **finding out about the service** initially, with some finding out about it well after the storm event but others finding out about it very soon after it occurred.

“A friend told us about the food bank – probably a few days after the storm, and at the food bank they said we should go and register at the community centre”

“I rang the community service and they actually told me about it”

“I found out off a friend that we had to go down there…a couple of days after the flood”
Those who found out about it later tended to express dissatisfaction with how the service was promoted, but still praised the work that was done once they found out about it. This is discussed in more depth, as part of the “Barriers” section.

The primary means of finding out about the service were through friends (word of mouth), a newsletter sent by DSCC, and via other services (e.g., the Lion’s Club, the food bank).

In terms of accessing the services, participants were pleased that the support workers were able to meet with them at a place of their choosing – particularly because this made explanations of repair work and tasks easier, and because it enhanced a personal connection:

“It was nice... they can actually see what’s going on, they can see what stage I’m up to and that sort of things. So that helps out, because you’re not trying to describe something and they don’t understand what you’re trying to describe. And it’s good too in the case that they can actually see that you’re genuine in what you’re claiming for.”

“Yeah that was really nice... came around and dropped us some stuff that had been donated for us, and another time she came around and had a cuppa with me and we just sat around and talked about dogs, and that was really valuable”

“Yes, it was [easy to contact and locate them]. They made sure they were there for everyone.”

**Familiarity**

The fact that the support workers were locals was very important to participants and was a recurring theme extracted from the data. All participants responded in the affirmative when asked if being from the local area was important, not just because of the geographical and practical knowledge of the area, but their level of understanding of the culture and needs of specific people residing there. Again, the personal level of support provided by the support workers was valuable.

“She kind of knew and you knew her, she was easy to talk to....good to have someone you could go and see face to face rather than being just a number”
“It’s a connection, it’s a country connection. They live here and they realise what the town is like”

“I think it’s very important because they understand the dynamics of the place that you come from rather than somebody coming in from outside – and just knowing how things work, and also how personalities work.”

Level of contact and flexibility in communication

The level of contact that participants had with the support workers varied widely, ranging from 3 or 4 instances over a short time frame (3 participants), to 30-40 times over a period of 9 months or more (3 participants). There was no evidence that satisfaction with services affected the level of contact. Rather, the amount of contact depended on the support needs of the participants. For example, some participants only needed assistance with a discrete task, like obtaining and installing a new air conditioner, whereas others who needed help with psychological support and more intensive tasks – like accommodation and housing – tended to access services more often and over a longer timeframe.

“[The support worker] rang me every week to have a chat, too see how I was doing and to give me any updates…then I had to try and find a flat to get into and it was just about every second day I think”

“I think I was going to see her every fortnight”

“Probably [was in contact] about once a week… probably 4 [times] wouldn’t have taken quite a month”

The flexibility of communication channels between the support workers and service users were an important determinants of satisfaction. Besides being able to meet service users at a place of their choosing, additional means of communicating (often after hours) were set up, and this was appreciated by service users. Participants commented that support workers were quick to return calls and phone messages, and that the support workers went beyond normal work hours to accommodate them.

“If you ever called her she always called back”
“She did stay after hours for me to come after work so that was good”

“We also had access via email”

**Barriers - Awareness of services**

Whilst service users were all extremely positive about their experience with the support workers themselves, 3 of the 7 participants reported that finding out about the service and what it could offer them could have occurred earlier. In some cases this delay resulted in them feeling as if they had missed out on services which would have assisted their recovery. Some participants used their own savings to recover property and repair their properties, and only found out about/accessed PBF once their savings were exhausted. Again, these complaints did not pertain directly to the support worker role, but were more general comments regarding awareness of PBF services.

“Well at the time we were actually looking for help with accommodation but it was too late by then…It would have been handy to know that they were there then, we just didn’t know until after the fact”

“I think maybe just make it more well-known… like for people like us we didn’t know it existed because we don’t go there [the Community Centre], we don’t have a loop in that.”

One participant suggested using other organisations – like the Lion’s Club or Rotary – as a link to make communities aware of services would assist future recovery.

“So even those sort of groups [Rotary, Lion’s Club] can probably pass the messages on into their local areas, I think that would work better… So I think if they are let know at an earlier date it would probably help.”

It should be noted however, that the NDRRA funding for the case manager roles did not come into effect until July 2015 (approximately 2 months after the storm event). Thus the perception of delays in finding out about services might be in reference to other disaster recovery services that were provided directly after the storm, rather than PBF itself.
Some participants noted that they didn’t know they were eligible to use the PBF services, as they thought they were outside the geographical area that was covered. Others thought they weren’t able to access services because they didn’t have insurance. Both participants in these cases reported feeling left behind or forgotten in terms of communication about PBF.

“A lot of people feel in Stroud that we were forgotten – I don’t think they realised how hard hit some people were in Stroud. Because Dungog was in the news and it was all over the news…And I think that was a big mistake.”

“They were giving more people that were insured more things than what people [who weren’t insured]… We sort of got left behind…If it wasn’t for friends and that telling us and people telling them we probably wouldn’t have known about the services.”

“I just think they need to approach everyone, not just a certain few… but other than that I don’t have any complaints, they were really good with me”.

They also cautioned against the use of Facebook as an awareness strategy, as many community members did not have access to the internet at the time and/or didn’t use Facebook.

“A lot of us don’t go on Facebook, so I think that should be a bit different when things happen… word of mouth would be better”

“Some people weren’t on the internet and it was down for weeks and weeks so that wouldn’t have helped anyway, so word of mouth would have been better”.

Thus, putting into place strategies to increase knowledge and awareness around the nature of support services available, who they are available to, and the timeframe they are available for, is recommended in order to improve access for all affected members of the community. Once community members knew about and became part of the system they were all extremely satisfied with the help received from the support workers:

“All I know is that I couldn’t have gotten through it without the [support workers] up there…I can’t see how they could improve in anyway, they have done their best and have given us their best”
“Once we got into the system it was brilliant, but it was just that initial thing of [finding out about] it.”
2. Support Workers

The two main themes emerging from interviews with support workers themselves were **staffing** and **familiarity**. The idea that familiarity with the community itself was a key to successful service delivery mimicked results from service users. However, the perspective provided by the support workers highlighted that staffing – in terms of both quality and number of staff members – has potential to impact effectiveness.

**Familiarity with the community**

**Familiarity** with the community and its composition was highlighted as a key to successful intervention, because of the shared understanding and prior level of knowledge being ‘a local’ allowed. It was thought that service users were more comfortable interacting with members of the local community and that this enhanced trust, and the transition into services. From a practical perspective, being in close proximity to the community meant that after hours work could be done when needed.

“I feel that the biggest benefit for the community was that they knew the people that were supporting them… I guess you understand the make up more, so how the community’s made up. Some people in the community often don’t ask for help, and when they do they go to people they trust.”

“I think it really helped having locals who knew the area and who knew lots of the families. I think in a crisis situation the community tended to be more trusting of people who they knew were familiar to the area”

“I already had a good rapport with the community… it would have been really challenging for someone outside the area to have done this role”

Knowledge of the geographical layout of the community and the actual individuals who were affected was also important for outreach efforts. Targeted **outreach visits** were made to people in the community who were known to have been affected, but who had not yet accessed the support service. This allowed the support workers to access people in the community who needed support but who had not yet approached the service.
“We did outreach visits… some people in the community are too proud [to ask for help]. That picked up a few who fell through the gaps”

**Staffing**

Getting “the staffing right” was also seen as crucial for success. Whilst the support workers felt that the existing team worked optimally well together, the need for a greater number of staff members was frequently highlighted as a major barrier to service delivery. Intense caseloads and long hours were thought to have compromised the ability of the support workers to maintain work life balance. It was thought that funding more staff would have reduced this burden.

“I think it was amazing with the amount of work that we could get done what we did with only two caseworkers… I think that we were a really great team”

“…there needed to be more discussions around the actual amount of people that were affected if not directly but indirectly, and that more people should be on the ground with the project… we probably could have done with another two people”

“Just keeping on top of the volume of work…was far too much for two case managers… I think it was grossly under staffed…. Trying to keep a work life balance for yourself so you don’t burn out and can still help people”

The support workers also indicated that another major barrier was the short timeframe of the funding. It was felt that recovery is a slow process and funding for a finite time period (4 months/9 months) was insufficient to cover needs. As of April 2016 (one year after the storm), many residents were still in need of assistance and had not yet been able to move home.

“I don’t feel that the project is actually finished but it’s wrapping up… there is still a large pool of people who still aren’t home… and now there’s only one case worker and it’s more of a load on her”

**Community outcomes**

Primary positive outcomes for the community were consistently highlighted by the support workers. These were thought to be successful recovery/rehousing because
of the practical support offered by PBF (e.g., help filling out applications, rehousing, replacing furniture, etc) and the generally enhanced sense of community resulting from storm recovery.

“…it [PBF] was great for getting people rehoused and having an advocate for insurance agencies and real estate agencies and helping out getting furniture and removalists and that sort of thing - particularly with elderly people”

“Raising community spirit and showing that Dungog is a community that can be responsive and positive in the face of disaster... it was really beneficial just for tightening the community in that way”

Support worker outcomes

Outcomes for the support workers themselves mirrored community outcomes, possibly because support workers were part of the community themselves. All support works listed positive feelings associated with helping others as one of the main positive outcomes of their involvement.

“Just being able to help people and support people and walk beside them rebuilding their lives. One of the most rewarding things is being able to make a difference.”

“[it] was really rewarding to be in the position to help people in that way, and that’s where we got the positive feedback, like the ‘I couldn’t have done this without you’, ‘I don’t know where I’d be without your support’ so that’s always rewarding for me.”

“The satisfaction of that smile on their face when we have assisted with rehousing”

An unexpected outcome for one of the support workers was a strengthened bond with the community, and finding a sense of security in the knowledge that the community supports its members.

“Now I really feel so much a part of a community, it’s just amazing. I’ve never experienced a sense of community like I did within that role... It’s the best feeling knowing that if anything happens there’s a whole community behind you that has your back”
Whilst the support workers tended to report positive outcomes for themselves from their role, responses also indicated that they may have experienced some level of distress themselves, and that these effects pervaded almost a year later. One support worker made reference to the enduring effects the storm and the recovery had on her personally.

“I adopted a different [job] role, and I found it was nice to not be talking about April, but having said that, I’m still feeling the effects of having been involved in the recovery”

For this reason it is important that recovery efforts acknowledge and attempt to manage distress felt by workers, as they may be particularly burdened by the events. Again, the provision of a greater number of staff over a long duration was a factor that support workers felt would have reduced this burden.

Facilitators of service delivery

Data from support workers provided many suggestions of features that facilitate recovery. These have been classified under two subthemes: structural factors and personal factors (relating to the support workers themselves).

Some structural factors which were perceived to facilitate the success of interventions such as these were:

- **Staffing** – getting the right number and mix of workers (already discussed more extensively above)
- **Building of a collaborative relationship with other organisations** – The Lion’s and Rotary club were again mentioned as valuable relationships, as they were able to give advice and undertake many of the practical tasks which were outside the expertise of the support workers. Direct access to personnel from housing/accommodation services was also cited as particularly helpful.

“The reason PBF has been so successful is because of those relationships within the community, like the Lion’s and Rotary and things like that”

“We worked in partnership with those [Rotary, Lions] services”
“We had direct contact with Housing NSW and they were fantastic. It made a huge, huge difference to have a direct person to ring, rather than a 1800 number or something.”

- **Timeframe** – the timing of the intervention was considered crucial in ensuring quality of support.

“The timing – I think it needs to be quite quick and easily accessible, and definitely to have a strong management body in place so there isn’t doubling up or too much chaos”

In terms of the timeframe in which PBF was enacted, the support workers agreed that it could have been faster, but that they understood the complexities involved in setting up a response:

“It could have been quicker but I think considering that you can’t plan for a natural disaster, so all factors considered I think it was quite timely.”

“I know that we were cut off from the outside for a period of time, but I think assistance could have been on the ground a lot quicker...being a small community we didn’t have the finances to get things to happen quicker.”

- **A tailored framework/model for recovery** – Whilst support workers reported that the ‘Step by Step’ model for recovery was useful, it was felt that an approach tailored to their specific community and the specific type of natural disaster may have been more effective. In a related point, an appropriate strategy for record keeping was perceived as important.

“It was great to have guidelines and responses there but it was a very different community and a very different response... it just wasn’t effective... so I think it’s important to get documentation that’s efficient and beneficial to the clients.”

“tailoring of step by step – the understanding that it needs to be tailored to the community, it’s not one size fits all”.

Some personal factors were also thought to facilitate success:
• **Familiarity** – As reported in greater depth earlier, familiarity of staff with the local area and people was seen as one of the biggest assets to a recovery team.

• **Counselling experience/communication skills/listening skills generally** – Both support workers cited experience with counselling as a factor assisting them in their role. One of the support workers cited this as being potentially more important than any qualification:

  “What I relied on was my experience – I was working at XX for almost ten years. I have a lot of life experience.”

  “And just life experience with counselling and empathy and building rapport”

  “Just being genuinely caring and having knowledge of the area and being able to relate in some way to what they’re going through. I think in some ways it’s just as important if not more important than having an actual degree.”

• **Case management experience** – Experience in case management was seen as essential for the role, particularly in terms of understanding client’s needs, and managing documentation.

  “My previous case management experience helped a lot in terms of knowing how often to stay in touch with people and how to keep on top of case notes. Keep on top of the documentation and reporting, which was at times was quite difficult”

• **Training in psychology/counselling or a related field** – Having completed some sort of training in psychology or counselling was also seen as valuable in understanding trauma.

  “I have had quite a bit of training and done all sorts of training over the years”

  “I did use quite a bit of my training in terms of knowing the theory behind trauma and recovery, and having an understanding of what’s a normal stress response and being able to gauge their progress”

• **Basic computer skills** – These were thought to be necessary to aid systems relating to documentation and keeping of case notes.
“I would also add Microsoft office skills… I think it would have saved a lot of time and hassle for people to have training for the programs they are using because of documentation, and just computer skills.”

**Other barriers to service delivery**

Besides barriers relating to being short staffed and requiring a longer duration for the project, some other barriers identified by the support workers included:

- **Lack of clearly defined roles/responsibilities** – In terms of the management of the project, one of the support workers suggested that greater clarity of roles was needed in order to ensure smooth running:

  “Clear role descriptions – I think it should have been more clearly defined who was responsible for what… that was a barrier”

- **Support/communication with other organisations (outside of DSCC)** – Support workers cited that problems with the relationship between DSCC and other organisations (e.g., the council) was a barrier. This was not perceived to have affected their own experience or role to a great extent, however, there was concern that this negatively impacted other workers who were involved in the project at a higher level.

  “I would have liked more support for management so communication was easier for her and for us”

  “There were a lot of issues with the body of the community centre being involved in other communication channels with other larger stakeholder organisations, that upper level communication could have been much smoother. But from where I was it was fairly good….. But often my manager didn’t know about things until the last minute or heard a different thing from a different body and all sorts of things”

  “The lack of relationship with the council – they were very hard to communicate with”
• **Rural restrictions on services** – One of the support works felt strongly that the lack of services for referrals in the area was a barrier. This was felt to be a function of a shortage of services in rural areas more generally.

“It’s just the actual rural restrictions – the lack of services to refer to. People are having to go out of town…. It’s the isolation of the community”

• **Change of service location** – Directly after the storm and prior to the launch of PBF, services for affected people and families were delivered out of DSCC, as roads to Dungog were closed off and much of the town was flood damaged. Once emergency services could reach the town (approximately one week later), most services needed by affected community members were relocated to a separate (but nearby) Recovery Centre in Dungog (the Doug Walters Pavilion), but the support worker service remained at DSCC. The Recovery Centre offered flood related support including NSW grants, insurance and financial services and remained in operation until 22nd May 2015. DSCC was offered the option of delivering the flood related services from the Recovery Centre once it opened, which would have essentially formed a ‘one stop shop’ for clients, but this offer was declined. One support worker cited this split of service location as an access barrier for clients.

“I think one thing that didn’t work was when it got moved from the community centre… We had people coming to us and we would say go see this person up at the Doug Walters Pavilion but then it was quite scary and daunting for them to go in there because they had people on the door …They should be able to walk through the door asking for help at a time like that and when they’re in shock and have lost everything – there was a barrier at that door to get into those services”

The confusion for clients in terms of where to go for help seemed to be a product of road closures and physical barriers preventing regular response procedures (from agencies external to Dungog) from being put in place immediately. If entry to the town had been available immediately, there would probably have been no perceived ‘move’, and thus less confusion for clients.
3. External stakeholders and Governance staff

Community outcomes:

A combined analysis of these two participant groups served to illuminate some areas for improvement at a higher, management level. Whilst the support workers themselves were seen as having fulfilled their role, and most participants reported positive community outcomes, there were some broader factors which were thought to require consideration in future recovery efforts.

Both governance staff participants were extremely positive regarding the value of the support worker role.

“I think had they not had those people there we would have had a lot more problems with the community itself. Particularly those who lost homes – those people have been helped immensely I think”

“We repeatedly get told on a daily basis that if XX [the support workers] had not been there people believe that they wouldn’t be with us... it’s quite difficult to quantify I’d say... they were really treasured by the community”

One participant elaborated on the level of need experienced in the Dungog area following the flood to re-iterate the importance of the support worker role in preventing further harm following the storm:

“There was a high proportion of already vulnerable people impacted [by the storm] – over 70 year olds – and a lot of them had no family in the community... the level of intimate, specific, personal care required by these older people and the complexity of need was really challenging”

Whilst one external stakeholder reported positive outcomes from the support worker roles, another stakeholder felt that staff at DSCC may have gone beyond their role as agents to refer people and link them to appropriate services. So rather than commenting directly on the impact of the support workers themselves, the participant felt more generally that the role they were expected to fulfil was not in line with what was agreed upon, and greater clarification of these roles was needed.
“Their aim was to link disaster effected people into already existing services within the community or just outside of the community, but what they were trying to do was to do everything themselves”

**Impact on organisations**

**Impact on DSCC**

The impact of Project Bounce Forward and the support workers on DSCC was reported to have been positive. Participants indicated that without funding from PBF the community centre would not have had the capacity to provide the services needed to assist the Dungog community in recovery.

“Initially it was a relief...to know that there was going to be specifically funded, targeted case management funding available because the volume of people impacted and the lack of other services within the community would have been beyond the capacity for the organisation itself and more broadly the service network of the Shire.”

Furthermore, both governance staff participants stated that administering PBF had linked DSCC to the community more thoroughly and increased understanding of the needs of the community. This was thought to have had a positive impact on all areas of service at the community centre.

“It’s made us more aware of the community and their needs...there was a lot more work involved than what we thought there was at the start.”

“It has taught us a lot as an organisation....and broadened the organisation’s role and capacities”

In terms of DSCC, the support worker roles were thought of as an extension of what was already being done at the community centre.

“We were already doing casework anyway, so it was really only an extension of what we already did, and we were just lucky we had people available who had the right qualifications”
There was no indication that regular business of the community centre suffered because of PBF.

“It [the community centre] still performed all the other duties that it had to perform. Because the staff were increased to cover the bounce forward stuff, it didn’t impact all that much.”

Impact on other agencies and organisations

Input from one of the external stakeholders indicated that the lack of referrals being made had created tension with other agencies, who did not receive the volume of referrals that they had expected:

“It got other local services offside because they weren’t getting the referrals that should have been made….It [the way PBF was managed] was detrimental to the other services and to the community as well…I think it’s [now] more fractured than it was up there.”

One of the governance staff participants also cited problems dealing with the council.

“We have done a lot of work around fixing the distress that the council has caused in their either lack of communication…or the way they’ve actually dealt with people…so that’s actually been part of our problem - the lack of appropriate communication and the lack of appropriate knowledge and skill within the council”

Skills necessary for the role

Governance staff tended to think that **skills in social work** and **case management** were adequate for the position of support worker within the community.

“I think just general social work – those sort of skills would be adequate.”

“I understand that they wanted very, very qualified people, but there’s also a need to really connect with people and I don’t think you need a degree in psychology to actually counsel and case manage people through trauma, you actually just need to be a really skilled case worker”
However, the external stakeholder participant felt that higher level qualifications (e.g., registered clinical psychologist) were necessary, because of the potential for traumatisation.

“They were trying to give specialist psychological services to people... When they’re giving trauma counselling and they’re not trained to give it, that’s really scary.”

Facilitators of service delivery

- **Breadth of services** – Both governance staff participants cited the ability of DSCC to provide a variety of services under one roof as a facilitator of success.

“They [clients] could come in and say look I’m really upset and the other problem is I don’t have anything to sit on... a lot of that stuff was resolved within the same organisation”

- **Focus on moving forward** – The success of the support worker role was thought to be facilitated by the positive tone taken in communications and messaging.

“We didn’t want to have that ‘down’ tone. Everything has been a very uplifting, respectful tone... Every word that we’ve used, we’ve spent a lot of time ensuring that the way we’ve talked the community both in person and in print has...a really positive energy about actually going forward... and that certainly has come through from what we are hearing back from the community and the individuals we speak to”

- **Familiarity** – Familiarity with/to the community was again highlighted as a facilitator of rapport with the community members.

“We had staff that people with the community really connected with...we needed the case workers to be trusted from the beginning and really be able to quickly build that rapport, because 9 months you don’t really have a lot of time to build that.”
• **Community led recovery** – A final facilitator noted by governance staff again related to and extended on the idea of familiarity. Ensuring the recovery was **community owned and led** was cited as a key to success.

“By the time the roads opened up we had a community response....the capacity for community led and community owned recovery cannot be understated”

**Other barriers to service delivery**

• **Timeliness of funding for the support worker role** – While one governance staff participant felt that the support worker role was activated in a timely manner, the other governance staff participant felt that it was not activated quickly enough, and described financial difficulties associated with having to fill that role prior to funding becoming available.

“We had to fund them ourselves [initially]... our project specifically funded didn’t start early enough”

• **Staffing** – Having only one case manager for the majority of the project was cited as a barrier by governance staff, because of the unexpected large volume of work.

“Having one case manager for the last 7 months with that complexity of need with huge numbers of clients has actually been incredibly challenging. We’ve needed to call in so many other volunteers and I’ve had to re-align other staff... because the volume of work was massive”

“When there was the two people there it was much better than when we went back to one person...We initially had two caseworkers but then when it went down to one the load became more difficult – I think we needed one and a half people rather than one”

In order to assist with staffing, making funding available (from other sources) for a Renewal officer to work alongside the case managers was recommended.

“The case workers, their work would not have been nearly as successful if we hadn’t had the renewal worker. I really think the government needs to looks at recovery holistically...the two should go hand in hand”
• **Short time frame** – The nine month funding timeframe was again raised by the governance staff as the main barrier to continuation of recovery services for the community, particularly given the volume of people who had presented to the organisation between January and April 2016. The anniversary of the storm was thought to increase the need for support services, but the 9 month funding limit does not cover this, and additional funding was sourced elsewhere for continuation of the support worker role.

“We actually got a new client as of yesterday… [who is] coming in because they are going to be homeless as of tomorrow”

“The 9 months is a challenge, I don’t think it’s actually long enough…When our funding ended a month before the anniversary- right when our funding was ending was exactly when people were becoming really fearful about the anniversary… in the last month we have heard more stories of near death experiences and trauma…those stories are only now really coming out”

“…now the funding expires and it’s going to leave an enormous hole if we can’t get further funding to continue it…for a town to recover they say its two years or more”

• **Lack of communication** – One of the external stakeholder participants cited barriers relating to a lack of communication from DSCC around the support workers, and the needs of their clients.

“It was expected that they would report back to XX any emerging changes, any issues, but once they took ownership we heard nothing. There was no reporting about what was happening. We didn’t really get much information out of them”

The lack of communication was also felt from the perspective of the governance staff, who reported communication issues relating to other agencies and sub-committees.

“There was no communication from that [committee] level back to us and our staff”

For this reason the participant suggested that in future organisations such as theirs could be given ‘guest membership’ to the recovery committee (for example) in order to attend their meetings. It was thought that this would “give them the
capacity to attend and share the information they have”, and thus increase effective communication between agencies.

Again, it should be noted that these barriers relate to communication issues pertaining to the management/governance structure of the project as a whole, rather than the role of the support workers. While these factors are somewhat related to the role of the workers they are outside of the scope of the present research.
9. Recommendations

Recommendations to assist future support worker interventions for recovery from natural disaster are included below.

1. **Clear communication to the community about what the service offers and who is eligible for assistance** – It is essential that the services are promoted to all affected community members. This promotion should ensure sufficient coverage of all socio-demographic groups and all surrounding areas, so that those needing support are aware of the service and can access it in a timeframe that is helpful to them. This is recommended as a more general strategy, to assist in service provision.
   a. **Collaboration with other organisations**, like the Rotary Club and the Lions Club, may assist in disseminating the message – Since word of mouth was the preferred format for information provision, clubs like these may have an existing relationship with the community, and may be well placed to assist with communication about the service.
   b. **Use of Facebook for message communication** – Whilst Facebook and other social media/online platforms can be used alongside other communication methods, difficulties with accessing the internet following a natural disaster and also low levels of usage (particularly for elderly people) mean that this platform should not be used exclusively.
   c. **Outreach visits** – Support workers from this project engaged in outreach visits to affected areas. These were effective in capturing potential clients who had been reluctant to approach the service, or didn’t understand the breadth of the service.

2. **Realistic/accurate estimates of potential service, their characteristics, and recovery time for the community as a whole** – Given concerns regarding the high demand for services, and the low number of support workers available, an accurate estimation of how many people have been directly and indirectly affected by the natural disaster is essential to ensure sufficient staffing and resources. Further, in this case vulnerable populations (e.g., the elderly) were disproportionately affected by the storm, so the complexity of need was under-estimated.
Feedback indicated that a 9 month funding period for the support workers was not sufficient to meet the needs of the community. Many community members had not been able to re-enter homes at the 9 month mark, and reports of psychological symptoms of trauma were still emerging.

3. **Collaborative relationship with other agencies** – It is recommended that a collaborative relationship is maintained between organisations within and outside of the local community who may be able to assist in recovery. Within the current project, there were some examples of positive collaborations (e.g., the Lion’s Club, Rotary, housing services) and some examples where a collaborative relationship was not fostered (e.g., the local council, wellbeing committee). The latter hampered progress and was a barrier to successful service delivery.

4. **Effective and regular communication between stakeholders** – Whilst this factor was not found to be directly relevant to the role of the support workers themselves, trickle down effects from higher up meant that their experience was indirectly impacted. Regular communication and reporting is essential to maintaining a collaborative relationship with other stakeholders and agencies. In some cases, a communication breakdown can lead to adverse outcomes for service users and also for referral agencies involved. Strategies should be implemented which aid regular reporting and which are feasible within the work hours of the funded roles (e.g., ‘guest membership’ to committees was suggested).

5. **Timing the commencement of support worker roles** – It is essential that support workers are available to the community as soon as possible after the storm event. Delays in funding may leave services with the financial burdens associated with the cost of employing workers themselves for these essential roles.

6. **Where possible, flexibility of funding or providing alternative sources of funding for support worker roles so that they may extend to the anniversary of the natural disaster** – It is recommended that, where possible, funding for the support worker roles is flexible, so it can be extended/re-allocated based on the needs of the community at particular points in time. Results suggested that the community needs changed over time. Events like heavy rainfall and the anniversary of the storm led to increased demands for
emotional/psychological support. Accounting for key time points in the planning phase and throughout the funding period, and identification of other sources of funding may help to ensure that community members have access to support workers at these key stages in recovery.

7. **Employment of support workers who are familiar with the community** – One of the key messages from results was that being ‘a local’ facilitated service delivery. There were multiple reasons for this, including greater understanding of the unique culture of the community, personal knowledge of individuals in the community, geographical knowledge of the area, ease of trust/rapport building, and familiarity with other services in the area.

8. **Community led recovery** – Where possible, and depending on the capacity of the community, recovery efforts should actively involve the community itself. This was found to enhance community bonds, and allow community organisations and community members to regain a sense of control and ownership of the recovery. A sense of community was perceived to be particularly important following traumatic events.

9. **Recovery frameworks should be tailored to the community/natural disaster** – A ‘one size fits all’ approach to disaster recovery frameworks was not found to be effective in this case. Whilst existing frameworks/models were seen as a useful starting point for service delivery, it is recommended that these are tailored to the particular needs of the community, the nature of the work being done, and the type of natural disaster.

10. **A central point of contact for multiple services** – Where possible, disaster recovery services should be housed together. This reduces access barriers for service users, which is particularly important in early stages of response and recovery, when people are most vulnerable and potentially experiencing shock. This central point should also be situated in a location with no physical barriers to access. Results from the current intervention suggested that having emergency food, clothing and support services located in the same place was a source of satisfaction for service users.

11. **Flexibility in the roles of the support workers** – The role of support workers in this case was very broad - they provided practical support (e.g., helping people re-locate, going with clients to select furniture, completing applications) as well as emotional support (e.g., counselling), referrals, and outreach visits.
Emotional/psychological support was found to be as important as practical support. The large degree of flexibility in their roles was seen as a facilitator of service use, and flexibility in the role is thus recommended. However, caution should be taken that:

a. Support worker roles/responsibilities are clearly defined prior to the start of the project, so it is clear who is responsible for each task; and,
b. Support workers do not undertake tasks outside their qualifications – this is particularly pertinent when working with people who may be experiencing mental health issues relating to trauma and loss. In cases where expertise is outside of that of the support worker, referrals to appropriate services should be made.

12. Characteristics of support workers – Whilst there was disagreement regarding what formal qualifications were necessary for the role, it is recommended that support workers have experience in similar contexts, and have some combination the following skills/qualifications:

a. Experienced and skilled at case management
b. Social work qualifications
c. Psychology qualifications
d. Counselling skills (e.g., listening, communication, empathy, rapport building)
e. Good computer literacy (e.g., experienced in Microsoft office)

13. Supporting the support workers – It is recommended that strategies be implemented to ensure the risk of psychological distress to the support workers is minimised. Provision of sufficient staff was suggested as a means of helping them maintain work-life balance, and prevent burn out.

14. Partnering support workers with a community renewal officer – It is recommended that community renewal and support workers are enabled to work as a team to assist in community recovery.

15. Reduce access barriers for service users – Methods of increasing access to the support workers included:

a. Being able to meet in a place of the clients’ choosing – This reduced the burden of explaining and quantifying repairs/replacements. Also, on a personal level, it enhanced a personal connection with the support workers.
b. **Having multiple means of contacting support workers** – Allowing contact via email, as well as phone/messages means that service users can have their questions answered quickly.

**Conclusion**

The role played by the support workers as part of PBF was highly valued by the community, and was thought to have assisted with the quality and speed of recovery from the storm event. Community outcomes included provision of emotional/psychological support, practical support, advice/referrals, and an enhanced sense of community. Feedback from service users was unanimously positive with regards to the support workers, but indicated other areas that could be improved in future interventions, including increasing awareness of what is offered and who can access it. Satisfaction with the service related to ease of contacting the support workers, the fact that they were local to Dungog, their non-judgemental, personalised approach to service delivery, and that the support workers were flexible in how they could help and where they could meet people.

Barriers to service delivery included the need for a greater number of support workers over a longer period of time, lack of awareness/nature of services, the timeliness of funding, service restrictions associated with being located in a rural area, the lack of a tailored framework specific to the needs of the Dungog area, and communication issues with stakeholders. On the flipside, facilitators of service delivery included the familiarity of support workers with the community, the effective relationship between the support workers and other staff at DSCC, a collaborative relationship with clubs like Rotary and Lion’s, the breadth of services offered by the support workers, a focus on ‘moving forward’ as a community, and the capacity of communities to lead and take ownership of their own recovery. Characteristics of support workers which were seen to facilitate success were counselling skills, experience in case management, formal training in psychology or a related field, and basic computer skills. These findings were integrated to provide a number of recommendations for future interventions to assist community recovery from natural disaster.
Appendix A – Structured Interview Guides

SERVICE USERS INTERVIEW GUIDE

INTRODUCTION:

My name is Samantha and I’m from the University of Wollongong’s Centre for Health Initiatives. We have spoken previously about the project we are undertaking – Evaluating the Project Bounce Forward Support Service – and you have received a Participant Information Sheet about this project.

We are especially interested in the role of the support workers – Mandy, Rae and Charmaine – and the service they offered to you following the floods. The questions we ask will be about their role and not the other services that were around – like the chocolate connections, etc.

Can I confirm that it is still a convenient time for us to conduct the interview?

OK so I just want remind you that I am intending to record our conversation with a digital audio recorder so that I can have an interview transcript. Is that ok with you?

The interview will take around thirty minutes. As you probably remember from reading the information sheet, if at any time you want to discontinue the interview you can do so. There will be no repercussions for you at all if you choose to stop the interview.

Did you have any other questions before we proceed?

I just have a few questions about your experience with the service.

1. How did you find out about the service?
2. What made you decide to use the service (particularly the support workers)?
3. Was it easy to contact them and locate them?
4. Which support worker/s did you have contact with (ie., Mandy, Rae or Charmaine)?
5. How often were you in contact with the support worker/s?
6. What were your needs (in terms of support) at the time? And did the support worker/s help you find support to meet your needs?
7. Did your needs (in terms of support) change over time? And if so, did the support workers help you meet your changing needs?
8. Did you feel that the service provided by the support workers was responsive to your individual needs and values?
9. Was the relationship between you and the support worker/s important to you? Can you tell me more about your experience with them?
10. Was it important to you that the support workers were from your local area? Why/ why not?
11. Was it helpful that the support workers could come and meet with you in a place of your choosing?
12. If you had to rate your experience with the support workers on a scale of 1 to 5 – with 1 being not satisfied and 5 being very satisfied – how would you rate your experience?
13. Are there any ways you can think of to improve the service provided by support workers in the future?
14. Is there anything else you would like to tell us about your experience? Or do you have any questions for me?

**CONCLUSION:**

That’s all the questions that I have for you.

I’d like to remind you that you can withdraw from the study by contacting me by phone or email. My details are on the participant information sheet and I can give them to you again now if you like.

Do you have any questions for me about this interview or the project in general?

Thank you very much for your participation. Please feel free to contact me if you think of anything that you would like to add to our discussion or if you have any other questions.
SUPPORT WORKERS INTERVIEW GUIDE

My name is Samantha and I’m from the University of Wollongong’s Centre for Health Initiatives. We have spoken previously about the project to evaluate the Project Bounce Forward support worker service – and you have received a Participant Information Sheet about this project.

Can I confirm that it is still a convenient time for us to conduct the interview?

OK so I just want remind you that I am intending to record our conversation with a digital audio recorder so that I can have an interview transcript. Is that ok with you?

The interview will take around thirty minutes. As you probably remember from reading the information sheet, if at any time you want to discontinue the interview you can do so. There will be no repercussions for you at all if you choose to stop the interview.

Did you have any other questions before we proceed?

I just have a few questions about your experience delivering the service to the community.

1. Do you feel the program was beneficial to the community? (If yes) Can you give some examples of these benefits?
2. What would you say are the critical things to get right in planning a crisis support service such as this?
3. Do you believe PBF was activated within an appropriate timeframe? How did this feel for a worker?
4. How would you describe the level of communication between PBF and the other stakeholders/agencies involved? Were there any barriers to the communication process?
5. What skills/training did you rely on most when working with clients in the PBF program? And in the future what skills/training would you suggest are needed?
6. What were the areas that were the most rewarding?
7. What were the areas that were the most challenging?
8. Overall what do you feel was the impact on you personally from being involved in this role with PBF?
9. Is there anything else you would like to tell us about your experience?

CONCLUSION:

That’s all the questions that I have for you.

I’d like to remind you that you can withdraw from the study by contacting me by phone or email. My details are on the participant information sheet and I can give them to you again now if you like.

Do you have any questions for me about this interview or the project in general?

Thank you very much for your participation. Please feel free to contact me if you think of anything that you would like to add to our discussion or if you have any other questions.
KEY STAFF INTERVIEW GUIDE

INTRODUCTION:

My name is Samantha Reis and I’m from the University of Wollongong’s Centre for Health Initiatives. We have spoken previously about the project we are undertaking – Evaluating the Project Bounce Forward Support Service – and you have received a Participant Information Sheet about this project.

We are especially interested in the role of the support workers – Mandy, Rae and Charmaine – and the service they offered to the community following the floods. We are interested in your ideas about how the community centre itself and the Dungog community were impacted by the support workers.

Can I confirm that it is still a convenient time for us to conduct the interview?

OK so I just want remind you that I am intending to record our conversation with a digital audio recorder so that I can have an interview transcript. Is that ok with you?

The interview will take around thirty minutes. As you probably remember from reading the information sheet, if at any time you want to discontinue the interview you can do so. There will be no repercussions for you at all if you choose to stop the interview.

Did you have any other questions before we proceed?

I just have a few questions about your experience with the support workers.

1. What would you say has been the impact of Project Bounce Forward - and particularly the service provided by the support workers - on the Community Centre itself?
2. What would you say has been the impact of the support workers on the Dungog community?
3. We are trying to understand the process of setting up an intervention like this in an existing service. Could you talk about your experience and the steps involved in this process?
4. Do you believe the support worker roles at PBF were activated within an appropriate timeframe?
5. What impact did the support workers have on any other services your organisation delivers? Did it reduce, increase or divert demand for some services by providing help directly?
6. What would you say are the essential skills and services required to deliver an intervention like PBF in the future? For example are there any specific set of skills that all support workers should have?

7. Did you feel your regular work (ie., not relating to Project Bounce Forward) was “sacrificed” at all during the delivery phase of the support service?

8. Is there anything else you would like to tell us about your experience with the support workers?

CONCLUSION:

That’s all the questions that I have for you.

I’d like to remind you that you can withdraw from the study by contacting me by phone or email. My details are on the participant information sheet and I can give them to you again now if you like.

Do you have any questions for me about this interview or the project in general?

Thank you very much for your participation. Please feel free to contact me if you think of anything that you would like to add to our discussion or if you have any other questions.
EXTERNAL STAKEHOLDER INTERVIEW GUIDE

INTRODUCTION:

My name is Samantha Reis and I’m from the University of Wollongong’s Centre for Health Initiatives. We have spoken previously about the project we are undertaking – Evaluating the Project Bounce Forward Support Service – and you have received a Participant Information Sheet about this project.

We are especially interested in the role of the support workers – Mandy, Rae and Charmaine – and the service they offered to the community following the floods.

Can I confirm that it is still a convenient time for us to conduct the interview?

OK so I just want remind you that I am intending to record our conversation with a digital audio recorder so that I can have an interview transcript. Is that OK with you?

The interview will take around thirty minutes. As you probably remember from reading the information sheet, if at any time you want to discontinue the interview you can do so. There will be no repercussions for you at all if you choose to stop the interview.

Did you have any other questions before we proceed?

I just have a few questions about your experience with the support workers.

1. Can you tell me about how you and your agency initially found out about Project Bounce Forward?
2. In what capacity were you involved with the support workers who worked as part of Project Bounce Forward?
3. How would you describe the level of communication between your organisation and the support workers?
4. Do you feel the services offered by the support workers were beneficial to the community during recovery from the storm? And if so, can you give some examples of these benefits?
5. What impact did referrals from the support workers have on any other services your organisation delivers?
6. What would you say are the critical things to get right in planning support interventions such as these?
7. What would you say has been the impact of the Project Bounce Forward and particularly the support workers - on your service system?
8. Is there anything else you would like to tell us about your experience with the support workers?
CONCLUSION:

That’s all the questions that I have for you.

I’d like to remind you that you can withdraw from the study by contacting me by phone or email. My details are on the participant information sheet and I can give them to you again now if you like.

Do you have any questions for me about this interview or the project in general?

Thank you very much for your participation. Please feel free to contact me if you think of anything that you would like to add to our discussion or if you have any other questions.
APPENDIX B – Summary of key results in relation to aims

Aim 1: Community outcomes of the support worker service

Outcomes for the community included:

- Provision of emotional/psychological support
- Provision of practical support – e.g., re-housing, assistance with moving, organising replacement goods, applications for financial support
- Helpful advice and referrals – e.g., advocacy for real estate and insurance matters, referrals to other services
- An enhanced sense of community – particularly since the support workers were ‘locals’.

Governance staff, the support workers, and service users uniformly agreed that the support worker roles significantly impacted both psychological and practical aspects of recovery from the traumatic storm event.

Table 2: Example quotes for ‘Community Outcomes’

<table>
<thead>
<tr>
<th>Psychological/emotional support</th>
<th>“I wasn’t thinking properly at all and I needed somebody to help me…. It was very traumatic so in a state of trauma they were there to help” (Service user)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practical support</td>
<td>“I lost my air conditioner… and [the support worker] was there then and she organised the Lion’s club and they put it in for me” (Service user)</td>
</tr>
<tr>
<td>Advice</td>
<td>“We rang just looking for advice after we were told we weren’t eligible for assistance because we both work” (Service user)</td>
</tr>
<tr>
<td>Sense of Community</td>
<td>“Raising community spirit and showing that Dungog is a community that can be responsive and positive in the face of disaster… it was really beneficial just for tightening the community in that way” (Support worker)</td>
</tr>
</tbody>
</table>
The capacity of support workers to provide emotional support was a frequently mentioned reason for engaging with the service, and was a key element for service users in particular. Results suggested that the emotional support received was as important as the practical support:

“Yes, it was really good to see someone walk to you and give you a hug. The emotional support and the physical support was really needed. I don’t know how I would have got through without them, honestly.”

Aim 2: Satisfaction with the service

Overall, satisfaction with the service was extremely high. When asked to rate satisfaction, service users consistently gave the support workers the second highest, or highest possible rating.

One participant rated the service 4 out of 5 due to feeling “left behind” because of their lack of insurance, and hadn’t been adequately informed about the services available to them. However, they indicated that this had nothing to do with the support workers themselves, and that once the support works found out about their needs, they were quick to act.

Feedback from service users was mostly centred on the capacity of the support workers to fulfil both emotional (e.g., counselling) and practical (e.g., help with housing) needs following the traumatic storm event.

Other reasons for satisfaction with the service included:
• The ease of keeping in touch with the support workers (even after hours)
• The fact that they were locals and had an understanding of the Dungog community
• The personal qualities of the support workers (e.g., non-judgemental, caring, personal approach to service)
• The flexibility of the support workers in terms of their role (e.g., using the support workers as a central point of contact for many support domains)
• That support workers could meet with them in a place of their choosing (e.g., their homes)

### Table 3: Example quotes for ‘Satisfaction’

<table>
<thead>
<tr>
<th>Ease of communication/contact</th>
<th>“She did stay after hours for me to come after work so that was good” (Service user)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Familiarity/being a ‘local’</td>
<td>“It’s a connection, it’s a country connection. They live here and they realise what the town is like” (Service user)</td>
</tr>
<tr>
<td>Personal qualities/skills of support workers</td>
<td>“It was absolutely non-judgemental which I found really nice…they listened and adapted their responses to what our needs were at the time.” (Service user)</td>
</tr>
<tr>
<td>Support workers as a central point of contact</td>
<td>“When we realised they had set up help services there, [we thought]…we’ll talk to them first. And then if they could refer us on to someone else they did, and if they could help us out they did. So it was good to have that central point of contact” (Service user)</td>
</tr>
<tr>
<td>Meeting with service users at a place of their choosing</td>
<td>“It was nice… they can actually see what’s going on, they can see what stage I’m up to and that sort of things. So that helps out, because you’re not trying to describe something and they don’t understand what you’re trying to describe.”</td>
</tr>
</tbody>
</table>

Governance staff and the support workers themselves also shared positive feedback from service users, indicating that recovery would not have been possible without their help. Governance staff at DSCC reported that funding for the support workers was of incredible value, as it would have been beyond the capacity of the community centre and other local services/agencies to service the high level of need that was evident following the storm. This was particularly amplified by the nature of the population that were affected. Many were elderly residents, with no
family or other support in the area, and who had a wide array of complex needs with regards to recovery:

“There was a high proportion of already vulnerable people impacted [by the storm] – over 70 year olds – and a lot of them had no family in the community… the level of intimate, specific, personal care required by these older people and the complexity of need was really challenging.” (Governance staff)

Aim 3: Barriers and Facilitators

Barriers to service delivery

The most frequently listed barriers to service delivery included:

- **Awareness of services** – Whilst service users were all extremely positive about their experience with the support workers themselves, 3 of the 7 participants noted that finding out about the service and what it could offer them was delayed. In some cases this delay resulted in them missing out on services which would have assisted in recovery. Service users also cautioned against the use of Facebook as an awareness strategy, as many community members did not have access to the internet at the time and/or didn’t use Facebook.

- **Knowledge of the scope of services** – Some service users reported a lack of knowledge about who was eligible for services and what could be provided to them. For example, one participant initially thought they were outside the geographical area that was covered by PBF. Another thought they weren’t able to access the services because they didn’t have insurance.

- **Staffing** – The need for a greater number of staff members was frequently highlighted by both governance staff and the support workers themselves as a major barrier to service delivery. Intense caseloads and long hours were thought to have compromised the ability of the support workers to cope with the stresses of their position. It was thought that funding more staff would have reduced this burden.
Short Timeframe of funded positions – Support workers and governance staff indicated that 9 months of funding was insufficient to cover needs, as there was still high demand for support services. For example, as of April 2016 – one year after the storm – some residents had still not been able to move home.

Timeliness of funding for the support worker role – Governance staff and support workers emphasised the need for funding of roles to come through in a timely fashion. One staff member in particular felt that it was not activated quickly enough, and described financial difficulties associated with having to fill that role prior to PBF funding coming through. This coincides with reports from support workers, indicating that a faster response is preferable.

Lack of communication at a ‘higher level’ – All support workers, one governance staff participant, and one external stakeholder cited that problems with the relationship between DSCC and other organisations (e.g., the council) was a barrier. This was not a reflection of the support worker role itself, but there was concern that this communication breakdown negatively impacted workers who were involved in the project at a higher level.

Lack of clearly defined roles/responsibilities - In terms of the management of the project, both support workers and external stakeholders suggested that greater clarity of roles was needed in order to ensure smooth running. One external stakeholder in particular expressed concern that the lines between the support worker role and the role of referral agencies had become blurred. More details of this point are included as part of the external stakeholder/governance staff analysis in Appendix A.

Rural restrictions – The lack of local services (for referrals, etc) was considered to be a barrier, and was thought to reflect service shortages in rural areas more generally.

Split of service location – Shortly after the storm, many services needed by clients’ were relocated outside of the DSCC. This was seen as an access barrier and a communication barrier in general.

The lack of a tailored a framework/model for recovery - Whilst support workers reported that the ‘Step by Step’ model for recovery was useful, it was
felt that an approach tailored to their specific community and the specific type of natural disaster may have been more effective.

- **Table 4: Example quotes for ‘Barriers’**

<table>
<thead>
<tr>
<th>Awareness of services</th>
<th>“Apparently there was a grant up for someone like me. Well I knew nothing about it, so I missed out on it” (Service user)</th>
</tr>
</thead>
</table>


<table>
<thead>
<tr>
<th>Knowledge of scope of services</th>
<th>“They were giving more people that were insured more things than what people [who weren’t insured]… We sort of got left behind… if it wasn’t for friends and that telling us and people telling them we probably wouldn’t have known” (Service user)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing</td>
<td>“Just keeping on top of the volume of work… was far too much for two case managers… Trying to keep a work life balance for yourself so you don’t burn out and can still help people” (Support worker)</td>
</tr>
<tr>
<td>Short timeframe of funded positions</td>
<td>“Now the funding expires and it’s going to leave an enormous hole if we can’t get further funding to continue it… for a town to recover the say its two years or more” (Governance staff)</td>
</tr>
<tr>
<td>Timeliness</td>
<td>“We had to fund them ourselves… our project specifically funded didn’t start early enough” (Governance staff)</td>
</tr>
<tr>
<td>Lack of communication at a ‘higher level’</td>
<td>“There was no communication from that [committee] level back to us and our staff” (Governance staff)</td>
</tr>
<tr>
<td>Clarity of roles/responsibilities</td>
<td>“Clear role descriptions- I think it should have been more clearly defined who was responsible for what… that was a barrier” (Support worker)</td>
</tr>
<tr>
<td>Rural restrictions</td>
<td>“It’s just the actual rural restrictions – the lack of services to refer to. People are having to go out of town… it’s the isolation of the community” (Support worker)</td>
</tr>
<tr>
<td>Split of service location</td>
<td>“I think one thing that didn’t work was when it got moved from the community centre… there was a great lack of communication once that happened… it was quite scary and daunting for them to go in there because they had people on the door” (Support worker)</td>
</tr>
</tbody>
</table>
Facilitators of Service Delivery

A number of facilitators of successful service delivery emerged from the data. The themes tended to overlap with reasons for satisfaction with the service. Key facilitators included:

- **Familiarity with the community/local knowledge** – Familiarity with the community and its composition was highlighted as a key to success, because of the shared understanding and prior level of knowledge being "a local" allowed. This was very important to service users and was also a recurring theme for governance staff and the support workers themselves.

- **Right number and mix of staff** – Getting the right people for the job was emphasised as a facilitator of success. Since the participants felt that the project was short staffed with respect to the support worker role, having the right number of staff was also an important facilitator of success.

- **Collaborative relationship with other organisations** - The Lion’s and Rotary club were mentioned as valuable relationships to have built during recovery as they were able to give advice and undertake many of the practical tasks which were outside the expertise of the support workers. Direct access to personnel from housing/accommodation services was also cited as helpful.

- **Breadth of services** – Whilst the external stakeholder participants were concerned about the breadth of services offered by the support workers, governance staff participants cited the ability of DSCC to provide a variety of services under one roof as a facilitator of success.

- **A focus on moving forward** – A facilitator of the success of the support worker roles and also the project as a whole was thought to be the positive tone taken in communications and messaging.

- **Community led recovery** – A final facilitator noted by governance staff again related on and extended on the idea of familiarity. Ensuring the recovery was community owned and led was cited as a key to success.
### Table 5: Example quotes for ‘Facilitators’

<table>
<thead>
<tr>
<th>Facilitator</th>
<th>Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Familiarity with the community/local knowledge</strong></td>
<td>“I feel that the biggest benefit for the community was that they knew the people that were supporting them… I guess you understand the make up more, so how the community’s made up. Some people in the community often don’t ask for help, and when they do they go to people they trust.” (Support worker)</td>
</tr>
<tr>
<td><strong>Right number and mix of staff</strong></td>
<td>“I think it was amazing with the amount of work that we could get do what we did with only two caseworkers and the renewal officer… I think that we were a really great team” (Support worker)</td>
</tr>
<tr>
<td><strong>Collaborative relationship with other organisations</strong></td>
<td>“The reason PBF has been so successful is because of those relationships within the community, like the Lion’s and Rotary and things like that” (Support worker)</td>
</tr>
<tr>
<td><strong>Breadth of services</strong></td>
<td>“They [clients] could come in and say look I’m really upset and the other problem is I don’t have anything to sit on… a lot of that stuff was resolved within the same organisation” (Governance staff)</td>
</tr>
<tr>
<td><strong>A focus on moving forward</strong></td>
<td>“We’ve spent a lot of time ensuring that the way we’ve talked the community both in person and in print has…a really positive energy about actually going forward… and that certainly has come through from what we are hearing back from the community and the individuals we speak to” (Governance staff)</td>
</tr>
<tr>
<td><strong>Community led recovery</strong></td>
<td>“The capacity for community led and community owned recovery cannot be understated” (Governance staff)</td>
</tr>
</tbody>
</table>

A number of facilitators related to characteristics of the support workers that were thought to maximise the success of the intervention. Support worker characteristics which facilitated success were:
- Counselling skills/experience – All support workers cited experience with counselling as a factor assisting them in their role. Listening skills and communication skills – like the ability to build rapport, and convey empathy – comprised a large part of this.

- Case management experience - Experience in case management was seen as essential for the role, particularly in terms of understanding client's needs, and managing documentation.

- Formal training in psychology/counselling or a related field - Having completed some sort of training in psychology or counselling was also seen as valuable in understanding trauma. One external stakeholder felt that higher level qualifications (e.g., registered clinical psychologist) were absolutely essential, because of the potential for traumatisation. They cautioned against the employment of support workers without those higher level qualifications:
  “When they’re giving trauma counselling and they’re not trained to give it, that’s really scary.” (External stakeholder)

- Basic computer skills - These were thought to be necessary to aid systems relating to documentation and keeping of case notes.

Table 6: Example quotes for ‘Facilitators - Support worker characteristics’

<table>
<thead>
<tr>
<th>Counselling skills/experience</th>
<th>&quot;And just life experience with counselling and empathy and building rapport&quot; (Support worker)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case management experience</td>
<td>&quot;My previous case management experience helped a lot in terms of knowing how often to stay in touch with people and how to keep on top of case notes. Keep on top of the documentation and reporting &quot; (Support worker)</td>
</tr>
<tr>
<td>Formal training in psychology/counselling</td>
<td>&quot;I did use quite a bit of my [psychology] training in terms of knowing the theory behind trauma and recovery, and having an understanding of what's a normal stress response and being able to gauge their progress&quot; (Support worker)</td>
</tr>
<tr>
<td>Basic computer skills</td>
<td>“Microsoft office skills… I think it would have saved a lot of time and hassle for people to have training for the programs they are using because of documentation, and just computer skills.” (Support worker)</td>
</tr>
</tbody>
</table>

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