

LIFELINE COMMUNITY RECOVERY OPERATIONS



CENTRE COMMUNITY RECOVERY COUNSELLOR (CRC) HANDBOOK

A guide to the practice, role and responsibility of a Community Recovery Counsellor

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Community Recovery Counsellor (CRC)

The role of the Community Recovery Counsellor (CRC) is to provide human-social support and counselling to people affected by disaster.

Included in the duties of the CRC is the potential of deployment to Community Recovery Centres, other community venues, and/or to outreach services led by the Department of Communities.

The CRC works within the Psychological First Aid framework which includes immediate emotional stabilisation to people affected by the disaster, helping the person connect with social supports and networks, distribute resource materials that may assist people in understanding the psychosocial effect of the disaster, referral to other services available to them for further support, and self-help tips for minimising the adverse affects of the disaster.

Your Team Leader will provide you with on-site coordination and leadership during deployment.

A detailed list of key responses to the CRC are written in your position description.

Psychological First Aid (PFA) is a framework of providing helpful support following a traumatic event. It aims to:

- Reduce the initial distress
- Foster short and long term adaptive functioning
- Minimise the risk of further harm.

The two major application areas of Psychological First Aid are personal support and counselling.

Personal Support

Personal support is founded on care and compassion. It's about giving time to someone, sitting or walking with them as they experience the intensity of their feelings that often include confusion and feelings of social upheaval. Personal support is about making contact with someone, listening to them and attending to their immediate physical and emotional needs.

Counselling

For some people, the adverse affects of a disaster or critical event is overwhelming. It is a time of crisis where their life is tragically interrupted or changed. Their personal and social identity seems like it has been shattered, and they may struggle to understand what has happened and what it means for them in the future.

Counselling support requires specialised training using short term therapeutic interventions. It requires the counsellor to:

- use all the skills of personal support
- have competency in making an assessment and providing a helpful response to a person's immediate psychosocial needs
- have the professionalism to guide someone to medium to longer term support as appropriate

Therapy

For some the psychosocial upheaval caused by a disaster or critical incident will require more intensive professional support.

The effects of trauma may be the latest episode in a series of adversity. It could test a person with an existing vulnerability to mental illness, and/or the intensity of the event was such that navigating a recovery pathway will take much longer.

Kits and Equipment

Tour Centre CR Coordinator will issue you with a personal photo identification at the time of *Stand-Up* and this should be returned to the centre at the time of *Stand-Down*.

You should also be issued with:

- Two blue Lifeline Community Recovery polo shirts (one to be worn while the other is in the wash)
- A blue Lifeline CR hat
- A disposable poncho raincoat
- A Lifeline Community Recovery shoulder bag
- A personal notebook
- Tally sheets
- Personal sanitising hand wash
- Insect repellent

You are at liberty to take other items of your choice and your team leader will have additional resources including brochures, maps, mobile phone and laptop.

Bottled water will also be supplied to you. It is imperative, especially working in the tropical areas of Queensland, that you remain hydrated by consuming plenty of water.

Preparation

Competency Standards

Crisis Support Workers and Counsellors are required to have the necessary requisite skills and personal aptitude to perform effectively in their respective community recovery roles. The full selection criteria for Crisis Support Workers and Community Recovery Counsellors are listed in the respective Position Descriptions. The minimum competency standard for a Crisis Support Worker is equivalent to an accredited Lifeline Telephone Crisis Support Worker. Community Recovery Counsellors are required to be tertiary trained and registered with a relevant professional association.

Recency of Practice

Both Crisis Support Workers and Counsellors are required to be currently engaged and accredited in their respective fields of practice. Those who have completed the formal aspects of their training and are still to achieve full accreditation may be able to be deployed only under direct supervision. Similarly, qualified people who are not engaged in current practice may only be deployed under direct supervision.

Personal Capacity

Everyday events of life can at times diminish the personal capacity for someone to respond to a community Recovery event. Health issues, either related to self or significant others, family and/or work demands, the interval since previous CR deployments, and any other personal stressors can significantly reduce a person's capacity to respond to an event. Personnel who are making themselves available for deployment need to give careful consideration to their personal capacity to respond.

Communication

Crisis Support Workers and Counsellors need to be aware of the communication protocols for the stages of activation. In the likelihood of an activation, people need to ensure they are available to be contacted, eg mobile phone and other contact details held by the Lifeline Community Recovery Program are current, and mobile phone is battery is charged.

Other

Further preparedness for the Crisis Support Worker and Counsellor includes: up-to-date photo Identification and familiarity with recent changes with internal protocols.

Alert/Lean-forward

Notification

As a member of the State Community Recovery Committee and signatory to the Department of Communities Memorandum of Understanding, you will be notified whenever the Premier of Queensland and/or Minister for Emergency Services has declared a disaster for one or more Queensland regions.

This notification will be received by the Community Recovery Executive Officer and/or State Operations Manager and all centres associated with affected regions will be notified immediately. This notification will be sent to the Centre CR Coordinators and respective Regional Directors.

Should the centre(s) associated with the affected regions of the disaster consider that the CR response would be more efficiently managed by a centre other than those directly associated, the Centre CR Coordinator and/or Regional Director will consult the CR Manager in terms of what centre is best positioned e.g. there may be a situation when the site of a disaster is remote and logistics of transport are problematic, or when the disaster has significantly impacted on the resources in the affected area.

Please note however, there may be times when the initial notification is received by the Centre CR Coordinator or by your Regional Director directly from your local District Community Committee Convenor (Department of Communities). In these instances, you the Centre CR Coordinator or the Reserve Coordinator (or Regional Director) should advise your CR Operations Manager immediately and proceed with the appropriate level of response.

Depending on the nature and scale of the event, the Department of Communities may convene an emergency meeting of the District Community Recovery Committee (DCRC). This meeting is to be attended the Centre CR Coordinator or a delegated representative.

Alert

Upon receiving an *Alert* notification, CR Coordinators will notify all the Team Leaders and CR Counsellors of the possible need for *Stand-Up*. Notification should occur via email, SMS and/or telephone.

The CR Manager or CR Executive Officer will notify the Marketing & Communications team and the Practice Leader for Financial Counselling.

The Practice Leader for Financial Counselling will notify the Financial First Aid line and other state Financial Counselling staff.

Lean-Forward (NB Alert and Lean-Forward may occur concurrently)

A notification of *Lean-Forward* will be received by the Centre CR Coordinator directly from the District Human Social Recovery Group (Department of Communities).

Upon receiving notification of *Lean-Forward*, the Centre CR Coordinator will solicit information from the Department of Communities about the extent of the disaster and, in collaboration with the Department of Queensland Health, ascertain the human-social impact and decide on the resource needs for the initial *Stand Up*. This will include the number of counsellors required, when they are likely to be activated, and where they will be deployed. The Centre CR Coordinator will consult with the Department of Communities with regard to which service model will be most appropriate for the particular Community Recovery event.

The Centre CR Coordinator should commence setting up the Community Recovery Coordination room, drafting a roster for deployment of staff.

A suitable length of deployment for a team leader and CRC is 4 to 5 days, followed by a break of at least 2 days before further deployment.

Further recruitment of CRC's to the *Lean-Forward* status will continue for the subsequent roster changes.

Flight bookings, accommodation, cabs and rental cars will be booked directly by the CR Coordinator.

Accommodation Guidelines

The preferred option for CR workers during deployment is accommodation in single rooms at a hotel standard of 3 or 4 stars.

In circumstances where this is not available, a lower standard of accommodation may become necessary, but wherever possible one room per person should be the preferred option. It is important for workers living away from home undertaking work in stressful conditions to have space and time to themselves if needed.

In extreme, urgent and unavoidable circumstances however, where there is a critical shortage of available accommodation, the sharing of rooms may become necessary. However, this should always be people of the same sex and only for the shortest possible period.

The CR response to a disaster or critical incident is to be managed at the lowest level of operation, e.g. local Centre, unless it does not have sufficient capacity to do so. At any time that the assessed level of need should exceed the Centre's capacity to respond, the Centre CR Coordinator is to notify the CR Operations Manager to commence a broader state-wide response.

The CR Operations Manager has the delegated responsibility to supply the necessary resources to the affected region.

In response to requests from either the CR Executive Officer or the CR Operations Manager, Centre CR Coordinators from other Lifeline Centres, in consultation with CR Coordinators and/or Regional Directors/Centre Managers etc. will commence Lean-Forward recruitment.

Stand-Up

Briefing Procedure

All Team Leaders and CRC's will commence their deployment by attending a briefing meeting convened at the host Lifeline Centre.

The briefing will be provided by the host Centre's CR Coordinator who will supply those deployed with blue Lifeline polo shirts (two per person), a hat and personal kit to each person.

Team Leaders will additionally be provided with a wireless laptop computer, a Team Leaders portfolio, a procurement and fuel purchase card and a mobile phone and satellite navigation device etc.

The Centre CR Coordinator will brief the team on:

- Nature and extent of the disaster
- Number of people that have been affected
- What are the likely experiences and needs of support
- What other organisations are involved and what's been done
- Local referral contacts
- Any local cultural groups and sensitivities
- Who may talk to the media
- Issues of workplace health and safety
- Accommodation arrangements etc.
- Financial arrangements, purchasing procedures

Reporting Procedures

Team Leaders will be issued with a wireless laptop which has programmed within it the capacity to report on:

- Statistics to the CR Executive Officer and Operations Manager
- Time sheets to payroll
- Referrals to RISE
- News stories/photos to Communications
- Access to CR website etc.

Community Recovery Centres

Team Leaders will make contact with the CR Centre Manager and introduce their team members.

A site within the community recovery centre will be designated to and chosen by Lifeline in consultation with the CR centre manager. The site setup will comprise:

- A highly visible signage for Lifeline,
- A table for displaying and distributing brochures

- Chairs for staff and clients
- Privacy screens or separate room
- Pop-up display banner and A3 posters

In keeping with the role of the Team Leaders and CRC's, specific activity at the CR Centre will be varied yet always collaborative, with government departments and other organisations. Lifeline staff must strive towards providing maximum accessibility for people who may be require support and **be proactive in making the initial contact**.

The Team Leader will be the primary liaison person between the CR Centre Manager and the Lifeline team.

The record of all contacts made by CRC's at the Community Recovery Centre will be on the "Summary of Contacts Form".

The Team Leader is responsible for collating the Contact Summary Forms and putting the collated information into the electronic reports programmed within the laptop computer. This collated information is then emailed to the CR Executive Officer and CR State Manager.

The Team Leader is to participate in all briefing and debriefing meetings convened by the CR Centre Manager.

During the debriefing meetings, the Team Leader may need to give a report on the number of contacts made by Lifeline, and the Psychological First Aid that was given (in particular those needing emotional stabilisation, connecting with social supports, and information, and referrals).

The Team Leader is responsible for mentoring and/or responding to any issues concerning Lifeline's involvement.

Other Lifeline CRC's may attend the briefing and debriefing meetings if deemed appropriate.

Outreach

After the initial briefing CRC's designated to Outreach will join the CR Outreach teams coordinated by the Department of Communities.

The make-up of the team will vary but usually will include a team-leader from the Department of Communities, a worker from the Australian Red Cross and a Lifeline CRC.

The role of the Lifeline CRC on the Outreach team is to provide onsite counselling, usually in the person's home.

The outreach visit is usually led by the Department of Communities and involves an assessment of the person's immediate financial and practical needs.

The Lifeline CRC is responsible for making a deeper, more personal connection with the person after the practical work has been completed.

There may be times when the work of the Lifeline CRC will need to take immediate priority to support psychological and emotional needs of the person.

Where the engagement between the Lifeline CRC and the client becomes a priority, the remaining team members need to be asked to wait, perhaps outside or in the car.

During the Outreach visit, referral information, a wallet-card and printed strategies on coping are distributed.

The record of contact for each visit is made on the Client Contact Summary form (Appendix – 13). The CRC's will need to collate their daily numbers of contacts and give them directly to the Centre CR Coordinator at the end of each shift.

Please note: the departure and return of Outreach teams each day can be varied and out of synchrony with the operations of the Community Recovery Centres. It is important to clarify all transport arrangement to ensure the Lifeline CRC is prompt in readiness for the team's departure and that team members will be returned in a timely manner to their evening accommodation.

It is desirable to have a Lifeline CRC with every outreach team. Where this is not possible or not considered a high priority, the outreach team leader from the Department of Communities is supplied with Common Referral forms. The Outreach team leader is to be instructed to forward all completed Common Referral forms immediately upon their return to the Department of Communities coordination centre.

An emergency phone contact number (not the 13 11 14 number) of the Lifeline Centre CR Coordinator is to be provided to the outreach team leader(s). Should the Outreach team identify that there is a person in immediate distress the outreach team leader is to contact the Centre CR Coordinator. Note: this emergency contact number is for the outreach team leader's use **only** and not to be distributed. The Centre CR Coordinator will provide or arrange for immediate telephone counselling. Should it be deemed critical to provide emergency face-to-face outreach, the Centre CR Coordinator will arrange for a team of two personnel to be deployed.

Other locations

The Department of Communities may request that Lifeline CRC's be at locations other than Community Recovery Centres or part of Outreach teams. These may include but are not limited to: evacuation centres, schools, specific work-sites, memorial services, and public meetings.

Financial Counselling

Requests for Financial Counselling will initially be referred to the Financial First Aid line on **1800 007 007**.

Should the demand for financial counselling services increase, particularly in the medium/long term, the CR Operations Manager will call upon the Practice Leader for Financial Counselling to organise the deployment of financial counsellors to the affected area(s).

They may be situated at a CR Centre or at the local Lifeline Centre.

Financial Counsellors will also be trained in Psychological First Aid.

Groups

Community groups, agencies, commercial firms, worksites, government departments, etc may from time to time request Lifeline to lead a group debriefing process following a traumatic event. Should this request be made outside of a declared disaster and Stand-Up by the Department of Communities, the person making the request needs to be informed of the fee for providing this service. This fee is determined by the local centre.

The Centre CR Coordinator will be responsible for organising debriefing session.

As with the internal operational debriefing for Lifeline personnel in the Stand-down phase (see below), the debriefing session for external groups should be focused solely on

operational matters; e.g. such as things that worked well and things that can be improved upon, and/or any unfinished business.

There may be times during a debriefing session where spontaneous emotional release occurs. Such moments are not to be solicited, but respectfully acknowledged.

The debriefing session is an opportunity to affirm people for their personal and collective strengths.

The debriefing session is not a time for correcting the behaviour or attitude of workers.

(The internal Debriefing Format example found at Appendix - 11, can be adapted for this process.)

Medium/Long Term

Lifeline's involvement in the medium/long term recovery will be determined by both need and resources.

As appropriate and as determined by the local government authority, the Department of Communities and/or Queensland Health, the Centre CR Coordinator will participate in assessing the ongoing community need, developing community projects, and undertaking research and evaluation.

The Lifeline Centre will apply for any available funds that can be used to employ counsellor(s) on a fixed term contract or second counsellor(s) from another division.

Linking People with Collaborative Organisations

Specialised support needs for people affected by a disaster include accommodation, medical, mental health, financial, utilities, food and clothing, rubbish removal, relationship counselling, and others.

In assessing the appropriateness of a referral, the CRC needs to consider their level of training and competency. It is contrary to every code of professional ethics for a counselor to assume to provide a therapeutic service for which they are trained or professionally mandated to provide.

Referral process includes:

- a) Providing a person with the contact details of a collaborative service that is more appropriately specialised in meeting the clients need. (No Common Referral form *required.*)
- b) Accompanying a person to the collaborative service. This would be most likely in the context of a Community Recovery Centre. (No Common Referral form required.)
- c) With the consent of the person, complete a Common Referral form (Appendix – 10) and fax or email it to the collaborative service. The collaborative service is responsible for initiating the follow-up with the person. This also applies to the Lifeline Telephone Follow-up Service or other Lifeline services.

Data Collection and Reporting

Record of Contacts: A daily record of client's contacts will be made by each CRC, each team, and the coordinating Lifeline Centre. At the end of the event a total summary will be made of all contacts.

At times the volume of client numbers may warrant an estimate of client's contacts to be made. A method of estimation is to base it on the number of information materials distributed e.g. wallet cards.

Personal client details are only required if the Common Referral form (Appendix – 10) is required.

CRC's are to make a record of all contacts using the Contact Summary sheet (Appendix - 13). The Contact Summary sheet is collated by the team leader and forwarded to the Centre CR Coordinator also to the CR Manager at the end of each shift.

A Centre Contact Summary sheet is compiled by the Centre CR Coordinator and sent a) to the Regional Chair of the H.S. Committee and b) to the CR Executive Officer and CR Manager. A final Contact Summary sheet is completed at the end of the event.

Using the state CR Committee template report (under review), the Centre CR Coordinator will provide a written summary to the District Department of Communities Community Recovery Officer and the CR Executive Officer each day, by exception. That is, a report is required only when content of the report is current and considered an exception to what might be otherwise assumed as normal business.

STAND-DOWN

Procedure

Stand-down may occur without teams having been activated.

All staff who have been put on notice of Alert/Lean-Forward and who have not been activated will need to be contacted by the Centre CR Coordinator as soon as possible after it becomes clear that they will not be required.

The full stand-down for the centre will be negotiated between the Regional Director and/or the Centre CR Coordinator and the Department of Communities.

The Centre CR Coordinator will convene a similar internal debriefing meeting with centre staff involved in the Community Recovery either prior to or following the district Community Recovery meeting.

The CR Operation Manager will organise to have each staff person involved in the Community Recovery event to be given a Staff Feedback form (Appendix – 12). This form will be used to a) assist with the continuous improvement of the CR Program b) identify potential areas of risk c) record narrative examples of the work performed.

During the centre debriefing meeting certificates of appreciation will be awarded to all staff who participated in the event, and letters of appreciation to external employers who granted leave to their staff to participate in the event.

Certificates will also be sent to staff from other centres who were involved.

Debriefing

The Centre CR Coordinator will be responsible for organising a debriefing session for all team leaders and CRC's prior to their stand-down at the end of each tour, and following the final stand-down. The Lifeline Chaplains are available for both individual and combined Centre debriefing.

In some circumstances a debriefing at the end of each shift may be warranted.

The debriefing session should be focused solely on operational matters, such as things that worked well and things that can be improved, and/or unfinished business that needs to be passed on to the personnel of the following tour.

There may be times during a debriefing session where spontaneous emotional release occurs. Such moments are not to be solicited, but respectfully acknowledged.

The debriefing session is also an opportunity to affirm people for their personal and collective strengths and contributions.

The debriefing session is not a time for correcting the behaviour or attitude workers. (An example Debriefing Format can be found at Appendix - 11).

Psychological First-aid Overview

Common Feelings and Effects of Disaster Experience

- Shock
- Fears/vulnerability
- Anger
- Helplessness
- Sadness
- Shame
- Guilt
- Loss of control
- Tension
- Sleep disturbance
- Dreams/nightmares
- Memories and feelings
- Irritability
- Depression
- Social withdrawal
- Physical sensations

These are signs of **stress reaction** not signs of weakness!

These reactions are *normal* to an *abnormal* occurrence.

Social Effects of Disaster Experience

- Community despair
- Dislocation of social structure
- Social isolation
- Economic damage
- Loss of employment
- Loss of community infrastructure
- Social paralysis

Emotional Concepts of a Disaster

- No one who sees a disaster is untouched by it.
- People's range of distressed reactions are normal reactions to an abnormal situation.
- People generally avoid seeking out mental health services; outreach is often required.
- Services focus on meeting practical needs more so than psychological.
- Support systems are crucial to recovery.

Be aware — some people might have a reaction, while others may have a delayed one. Reactions can show up to days, weeks or even months after the disaster has occurred.

Psychological First Aid Core Actions

1. Contact and engagement
2. Safety and comfort

3. Stabilisation
4. Information gathering: needs and current concerns
5. Practical assistance
6. Connection with social supports
7. Information on coping
8. Linkage with collaborative services

(1) *Contact and Engagement*

Goal: To respond or initiate contact with survivors in a non-intrusive, compassionate and helpful manner.

- Initiate contact rather than wait for the person to come to you.
- Introduce yourself and ask about immediate needs.
- Listen, but do not prompt for information that may traumatise.
- Prompt for person's strengths and resources.
- Be culturally sensitive.

(2) *Safety and Comfort*

Goal: To enhance immediate and ongoing safety, and provide physical and emotional support.

- Focus is on practical help.
- Ensure physical (and emotional) safety.
- Provide current and accurate information.
- Attend to physical comfort.
- Promote social engagement.
- Protect from additional re-traumatising.
- Notify authorities when needed.
- Attend to current physical and emotional needs.

(3) *Stabilisation*

Goal: To calm and orient emotionally overwhelmed and disoriented survivors.
Distinguish between expected reactions and overwhelmed reactions.

If someone is preoccupied and seems out of touch with the surroundings:

- Ask the individual to look and listen to you.
- Find out if s/he knows where s/he is, who s/he is, and what is happening.
- Ask her/him to describe the surroundings.

If someone is physically stressed or hyperventilating:

- Encourage slow rhythmic breathing.
- Move to a quiet place.
- Sit down.

(4) *Information Gathering: Needs and current concerns.*

Goal: To identify immediate concerns and needs, gather additional information and tailor PFA interventions.

Determine:

- Need for immediate referral.
- Need for additional services.
- Offer a follow-up meeting.
- Other PFA interventions.

Aim to collect basic information for assessment. Questions about:

- Impact on self and loved ones.
- Ongoing safety for self and loved ones.
- Medical, mental, substance abuse, or potential harm or harm to others.
- Availability of social support.
- Open question “Is there anything else you are concerned about?”

(5) *Practical Assistance*

Goal: To offer practical help to survivors in addressing immediate needs and concerns.

- Clarify the need.
- Discuss an action plan.
- Act to address the need.
- Identify the most immediate needs.

(6) *Connection with Social Supports*

Goal: To help establish brief or ongoing contacts with primary support persons or other sources of support.

- Enhance access to primary support persons (family and significant others).
- Encourage use of immediately available support persons.
- Discuss support-seeking and giving — or offer handouts on this.
- Follow up.

(7) *Information on Coping*

Goal: Provide information about stress reactions and coping to reduce distress and promote adaptive functioning.

- Normalise the client reactions by stating that “It is not uncommon for people to experience some levels of upset following an event like this. If you are becoming concerned about anything, please don’t hesitate to call”
- Information about what is being done to assist them and where they can access such services (e.g. one stop shops).
- Provide information on positive and negative coping behaviours.

(8) *Linkage with Collaborative Services*

Goal: To link survivors with available services needed at the time or in the future.

- Refer to services as required.
- Provide information on referral sources as required.
- Hand out Community Recovery wallet cards.
- Follow up.

Referral to Specialised and Mental Health services

Throughout the counselling process a number of issues can emerge for the person affected which warrant more specialised support. Many of the services that function to meet

specialised need are clearly defined in the State Community Recovery Plan and are readily identifiable through their association with a recognised government department or non-government organisation. Specialised support needs could include accommodation, medical, financial, utilities, food and clothing, rubbish removal, etc. Lifeline have an extensive referral database that is able to locate specialised services in regions across the state and nationally.

At times specialised mental health services may be required. In the Queensland Disaster Management Plan and the Department of Communities Community Recovery Plan, this key function is the responsibility of Queensland Health.

In assessing the appropriateness of a referral to a specialist mental health service the counselor would firstly consider their own level of training and competency. It is contrary to every code of professional ethics for a counselor to assume to provide a therapeutic service for which they are trained or professionally mandated to provide.

Notwithstanding the above, the following list of indicators would give reason for serious consideration to be given to a referral to a specialist mental health service:

- The person has a history of mental illness
- Glassy eyed, vacant expression or “1000 mile stare”
- Unresponsive to verbal commands
- Significantly disorientated
- Serious delusional thoughts
- Hallucinations
- Strong and persistent emotion (uncontrolled crying, hyperventilation, rocking and regressive)
- Uncontrolled and persistent physical reactions (shaking, trembling)
- Exhibiting frantic searching behaviours
- Incapacitated by worry
- Engaging in high risk activities
- Threats of suicide and harm (self and others)

REMEMBER

- Be prepared to either be avoided or be flooded with contact by an affected person or family.
- Speak calmly. Be patient, responsive and sensitive.
- Speak in simple, concrete terms. Do not use acronyms.
- Acknowledge the positive features of what the person has done to keep safe.
- Give information that is accurate and age appropriate and correct any inaccurate beliefs.

Children during a disaster

As a Community Recovery Counsellor, you must be mindful of children involved during a disaster event.

Factors that can affect children’s responses

- Adult reactions
- Communication and environment surrounding a child
- Fantasy and misconstruction
- Limited perspective of a child
- Lack of context

- Developmental or social phase

Changes that can be noted in children following a disaster

- Sleep problems and nightmares
- Changes to normal habits
- Irritability, listlessness and boredom
- Excessive dependency
- Inability to cope with change
- Regression developmentally
- Deterioration in relationships
- Pre-occupation with trauma
- Over protectiveness
- Reduced school performance
- Over activity
- Hypochondria
- Exaggerated reactions.

Common myths about children

- Children are too young to be affected.
- The effects, if any, are short lived.
- Children are naturally resilient.
- Lack of obvious negative response indicates no negative impact.

Immediate effects on families

- Spouses/parents fear for safety of family members.
- Nightmares and fear of fresh disaster
- Anger – unspecific
- Loss of trust in the family and society
- Insecurity and naughtiness of children
- Emotional turbulence of children

Strategies

- Give children accurate information according to their development.
- Remember to reflect their emotions and feelings.
- Help them feel safe to be able to express their feelings.
- They might say “I am worried the whole town will flood away” — don’t dismiss these concerns. Ask why they feel this will happen and reassure them based on facts.

Behaviours to avoid

- Do not make assumptions about what the person is experiencing or what they have been through.
- Do not assume that everyone exposed to a disaster will be traumatised.
- Do not pathologise people. Most acute reactions are understandable and expected given the circumstances.
- Do not suggest fad interventions or present uninformed opinion as fact.
- Do not talk down to or patronise the survivor, or focus on their helplessness, weakness, mistakes or disability.
- Do not assume that all survivors want or need to talk to you. Often, being physically present in a supportive and calm way helps affected people to feel safe and more able to cope.
- Do not speculate or offer erroneous or unsubstantiated information.

Do not “debrief” by asking details of what happened.

Care with words

- Words can have a powerful effect on situations.
- Blanket statements are often misleading and false.
- “Trauma” is a clinical term. It does not promote healing.
- The concept of an “active survivor” can enhance empowerment.

Do not say:

- I know how you feel.
- It is probably for the best.
- S/he is better off now.
- It was his/her time to go.
- Let’s talk about something else.
- You should work towards getting over this.
- You are strong enough to deal with this.
- That which doesn’t kill us makes us stronger.
- You’ll feel better soon.
- You did everything you could.
- You need to grieve.
- You need to relax.
- It’s good that you are alive.
- It’s good that no one else died.

If an affected person says similar to the above respectfully acknowledge the feeling or thought, but don’t initiate these statements.

Your essential attributes and skills

- | | |
|----------------------------|------------------------|
| • Non judgemental approach | • Patient |
| • Kind | • Caring attitude |
| • Committed | • Trustworthy |
| • Flexible | • Approachable |
| • Able to tolerate chaos | • Culturally competent |
| • Good listening skills | • Empathic |

Professional behaviour

- Operate only within the framework of an authorised disaster response system.
- Model sound responses: be calm, courteous, organised and helpful.
- Be visible and available.
- Maintain confidentiality as appropriate.
- Remain within the scope of your expertise and your designated role.

Vicarious trauma

Vicarious trauma is the short and long-term effects of working with trauma victims/ survivors and the painful and disruptive effect that this can have on the worker.

Vicarious trauma and burnout are accumulated tension experienced by those working directly or indirectly with survivors of trauma. Vicarious trauma can affect a person physically, emotionally, behaviourally, cognitively and spiritually.

It can persist for months and sometimes even years after working with traumatised clients without effective intervention.

To prevent vicarious trauma — Take care of yourself

- Set yourself limits and work within those limits.
- Maintain sleep levels.
- Maintain a good diet.
- Maintain fluid intake.
- Exercise.
- Keep connected socially — don't isolate yourself.
- Take regular breaks.
- Maintain recreational or enjoyable activities.
- Maintain your sense of humour.
- Debrief when you need to.
- Relax when you can.
- Make sure you do not work more than 10 hours maximum per day. (Less if possible).
- Maintain your personal and teams safety, exercise care of yourself and others.

Working with a partner

You will not be required to work alone. Please ensure you remain with your partner or team (not always with Lifeline) at all times.

Allow your partner or another team member know where you are going and how long you will be — even for toilet breaks.

Keep in regular phone contact with your team leader.

If your partner or another team member is missing, undertake a brief search and report them missing to your supervisor or other personnel.

Your personal safety

Be aware of your own safety and surroundings. Although you are trained to help reduce the tension of people who are agitated and angry, don't put your personal safety at risk.

Your safety is of prime consideration. Tell your supervisor (or team leader) if any circumstances arise in which you do not feel safe.

Please ensure you report any behaviour you find threatening or intimidating immediately.

Professional code of conduct

Community Recovery Counsellors engaged by Lifeline are responsible to use their skills in accordance with all legal, statutory and regulatory requirements including the codes of conduct of any professional organisation with which they have formal or informal association.

Community Recovery Counsellors (CRC's) will:

- Adhere to the highest standards of professional competence, integrity and honesty.
- Provide conscientious, effective, efficient and courteous service to all those with whom they have official dealings.

- Treat other staff, colleagues, clients and members of the community with respect and dignity, and ensure appropriate standards of dress and hygiene are observed.
- Not consume or allow the consumption of alcohol, prescription or non prescription drugs or prohibited substances to affect their work performance.
- Not give preference to any person, organisation or interest (whether pecuniary, commercial, political, religious or other) as a result of any private association with that person, organisation or interest.
- Abide by privacy and confidentiality, and

Respect the shared values and beliefs and understandings of Lifeline.

Appendix 1 - Lifeline Community Recovery Program Position Statement

The Lifeline Community Recovery Program ensures a high level of timely preparedness, planning and effective delivery of individual and community support following disasters.

The Lifeline Community Recovery Program will provide human-social support following a disaster or critical event and this support will vary depending on the needs of the person affected and the skill level of the person providing the support.

The key services offered by the Lifeline Community Recovery Program in Queensland are:

Short-term following impact

- Crisis Support (Psychological First Aid)
- Follow-up Crisis Support

Medium & Long term

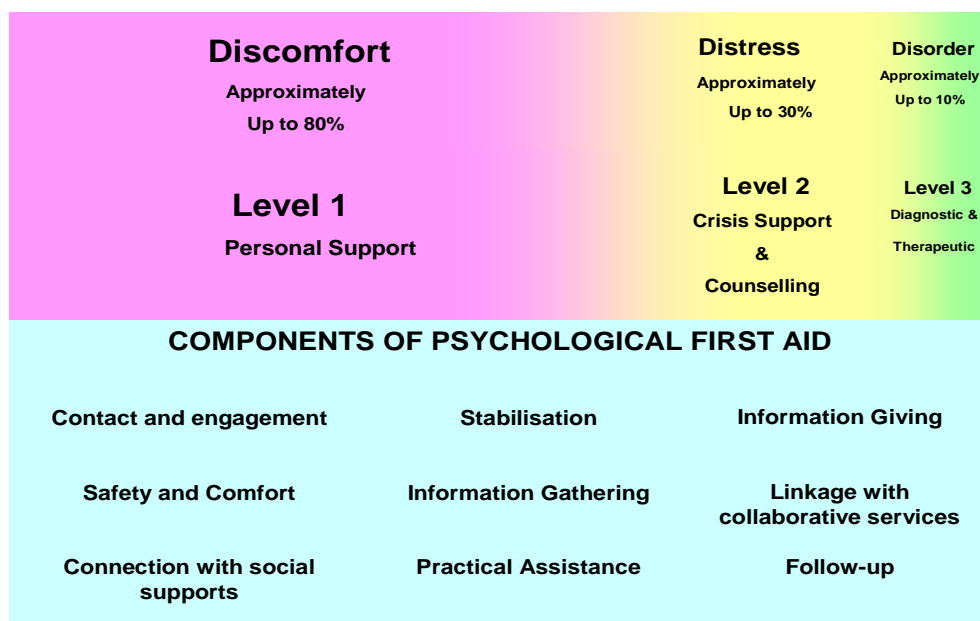
- Personal Counselling
- Financial Counselling
- Community Development
- Follow-up Crisis Support

Psychological First Aid is a framework for providing helpful support following a traumatic event.

The three aims of Psychological First Aid are to:

- 1) Reduce the initial distress
- 2) Foster short and long term adaptive functioning
- 3) Minimise the risk of further harm

Psychological First Aid underpins all human-social support services that are provided following a disasters. The following diagram the varying levels psychological discomfort, distress and disorder experienced by people affected by a disaster and the different levels of support offered to them:



Crisis Support

For some people, the adverse effects of a disaster or critical event are overwhelming. A disaster is a time of crisis where the life of those affected has been tragically interrupted/changed. Their personal and social identity may seem fractured or shattered, and they may arrive at a service point wondering what has happened, why, and what it means for their future. They may experience:

- Difficulty in thinking rationally and understanding what has happened to them;
- Difficulty in understanding the tasks they may now be facing;
- Difficulty in problem-solving and planning how to move forward;
- Lack of confidence in their decision making;
- A great deal of stress on fragile relationships, even hardy ones;
- Plummeting into the deepest levels of grief;
- Significant challenges to their mental health, to the point of illness;
- Engaging in self-soothing remedies such as drinking alcohol, taking illicit drugs, and gambling;
- Triggering thoughts of suicide;
- Financial upheaval.

Crisis support using the framework of Psychological First Aid requires specialised training using short term interventions. Counselling support involves giving time to someone who has been affected by a disaster or critical event, sitting or walking alongside with them, and listening to them as they speak of their experience of intense feelings, confusion, grief and the social upheaval. It involves making contact with someone, being sensitive to their pain, and attending to their immediate social and emotional needs. It requires the crisis support worker to use highly trained counselling skills coupled with an understanding of human-social models of trauma, competency in assessing and responding to a person's immediate human-social needs, and the professionalism to guide someone to more toward medium to longer term support as appropriate.

Follow-Up

Crisis support can also be in the form of follow-up. With the consent of the person affected by a disaster or critical event, telephone or face-to-face follow-up in the days, weeks and/or months following a disaster or critical incident can be very helpful.

Designated counsellors/therapists/psychologists who are trained in Psychological First Aid will be assigned to a follow-up telephone service and/or to a home-visit team to support people in the short, medium and long term phases of the Community Recovery event.

A follow-up call or home visit is to provide crisis support. Should the person be deemed to require personal counselling or other specialist support, they will be referred to the most appropriate service provider in their local area.

Where capacity permits, the follow-up telephone service will be set-up by the local UnitingCare Community or Lifeline Darling Downs South West agency and will operate separately from the regular Telephone Counselling Service. Should capacity be limited at

the local Centre, a backup service will be operated through the Lifeline Brisbane Ergon Debriefing Service (RISE).

Personal Counselling

For some people the human-social upheaval caused by a disaster or critical incident will require more intensive personal counselling. The level of disruption to the person life, the personal loss and associate grief, and the pre-existing vulnerabilities of the person may be significant. And navigating a recovery pathway will take much longer.

For someone affected by a disaster or critical incident, the initial phases of personal counselling can still fall within the framework of Psychological First Aid. Though long term support will be required, some relief from the initial distress of the disaster can be provided. Counselling can include psychological/therapeutic counselling, financial counselling, and/or referral for specialist support.

Lifeline Community Recovery Counsellors are trained, accredited and generally belong to a professional associations relevant to Counselling, Psychology or Social Work, and the skills and professional credentials of the counsellor need to be current. They are required to apply evidence based therapeutic approaches, work within a professional code of practice, and are more accountable for the outcomes of their interventions.

Financial Counselling

Through its close affiliation with UnitingCare Community Qld and Lifeline Darling Downs South West, the Lifeline Community Recovery Program has access to the largest pool of Financial Counselling in Queensland.

Financial counsellors provide information to people affected both directly and indirectly by a disaster who are experiencing financial difficulty. A thorough assessment of an individual or family's situation is followed by identifying what can be done to address the financial problems, and the possible advantages and disadvantages of those choices.

Counsellors are required to act in the paramount interests of consumers, free of any conflict of interest and free of any commercial benefit.

Financial Counsellors are based in UnitingCare Community and Lifeline Darling Downs South West sites throughout Queensland.

Community Development

As the Community Recovery operations after a disaster move into the medium an long term phases and emphasis will be place on the reconnection of people to their local human services, community networks and geographical place.

During the later phases of the community recovery process the Lifeline Community Recovery program may offer to appoint designated Community Development Officers to work with and within local communities in the following areas:

- planning for the establishment or re-establishment of human-social services
- establishing or restoring the operation of self help groups
- assisting and encouraging support and social action groups
- restoring and building community networks
- participating in inter-agency meetings
- undertaking a community needs assessment
- increasing the skills base of the community
- resourcing the community to meet its own needs
- defining the human-social priorities for key agencies
- working towards social justice

- empowering individuals and communities.

Lifeline's linkages with other key agencies

The Lifeline Community Recovery Program is an integral part of the Community Recovery Process and as such has a number of linkages with other key agencies. Lifeline is a source of referral to other agencies and organisations, as well as a recipient of referrals.

Referral to the Lifeline Community Recovery Program

Lifeline does not restrict the referral pathway to anyone in need of Crisis Support, Personal Counselling, or Financial Counselling. Referrals can be received from all government and non-government agencies involved in Community Recovery, other community groups, family, friends, work associates, and self-referral.

It matters not whether a person connects directly to a Lifeline Crisis Support Worker or Counsellor or if they were referred from another person or agency. What is important is that the support needs of the person are recognised and that the person receives an appropriate level of care.

Though there is no single set of universal indicators that can determine a person's need for crisis support or personal counselling, there are a number of adverse reactions that a person could experience that can interfere with their capacity to cope. Should a person be observed to be experiencing one or a number of such reactions, or they disclose such in their conversation, serious consideration should be given to referring the person to the Lifeline Community Recovery Program.

Referral to specialised and Mental Health services

When receiving support through the Lifeline Community Recovery Program a number of issues could emerge for the person affected which warrant more specialised support.

Many of the services that function to meet specialised need are clearly defined in the State Community Recovery Human Social Functional Plan and readily identifiable through their association with a recognised government department or non-government organisation.

Specialised support needs could include accommodation, medical, financial, utilities, food and clothing, rubbish removal, etc.

The Lifeline Community Recovery Program has an extensive referral database that is able to locate specialised services in regions across the State and nationally.

At times specialised mental health services may be required. In the Queensland Disaster Management Plan and the Community Recovery Human Social Functional Plan, these key services are the responsibility of Queensland Health.

In assessing the appropriateness of a referral to a specialist mental health service the crisis support worker or counselor would firstly consider their own level of training and competency. It is contrary to the workers code of professional ethics to assume to provide a service for which they are not trained or professionally mandated to provide.

Notwithstanding the above, the following list of indicators would give reason for serious consideration to be given to a referral to a specialist mental health service"

- The person has a history of mental illness
- Glassy eyed, vacant expression, "1000 mile stare"
- Unresponsive to verbal commands

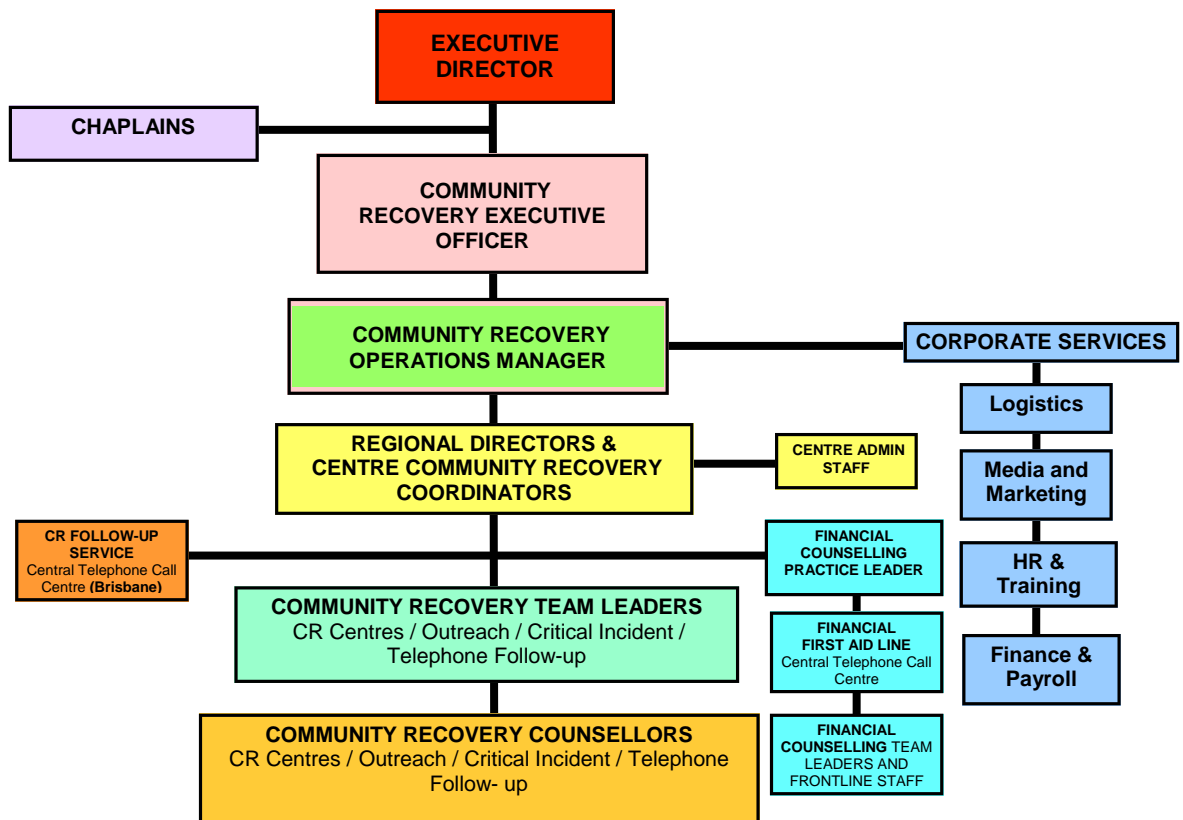
- Significantly disorientated
- Serious delusional thoughts
- Hallucinations
- Strong and persistent emotion (uncontrolled crying, hyperventilation, regressive)
- Uncontrolled and persistent physical reactions (shaking, trembling)
- Exhibiting frantic searching behaviours
- Incapacitated by worry
- Engaging in high risk activities
- Threats of suicide and harm (self and others)

Warm Referral

A process of a “warm referral” to or from the Lifeline Community Recovery Program , is to directly support the affected person in making contact with the referral agency. Rather than merely providing information to the affected person as to where they should go to get the help they need, the Lifeline Community Recovery worker will offer to contact the referral agency on behalf of the affected person and/or accompanying them to the point of handover to the referral agency, or visa versa.

Appendix 2 – CR Organisation Chart

LIFELINE COMMUNITY RECOVERY PROGRAM
ORGANISATION CHART



Appendix 3 – CR Communication Protocol

Lifeline Community Recovery



Communication Protocol

Purpose

The purpose of this protocol is to facilitate communication and information exchange between Lifeline Centres, between Regions and Corporate Office, and with outside agencies to aid in local and state-wide planning and preparedness and coordination of needed recovery services following a disaster event.

Key Roles, Groups and Stakeholders

- Executive Director
- Personal Assistant to Executive Director
- Community Recovery (CR) Executive Officer
- Community Recovery (CR) Operations Manager
- Community Recovery Advisory Committee
- Regional Directors
- Chaplains
- Practice Leader Financial Counselling
- Manager Media and Communications
- Centre Community Recovery Coordinators
- Community Recovery Team Leaders
- Community Recovery Counsellors
- Lifeline Australia Inc
- Department of Community Services
- District Community Recovery Committee
- State Community Recovery Committee
- State Community Recovery Advisory Committee

Community Recovery Induction and Training

It is expected that all staff and volunteers involved in the Community Recovery programme are oriented to the Standing Operation Procedures for Community Recovery. This orientation includes information regarding specific roles and responsibilities in relation to Community Recovery operations. All Centre Coordinators and field workers (Team Leaders, CR Counsellors, Financial Counsellors) are trained in Psychological First Aid, and are supplied with a Operational Handbook relevant to their respective roles.

Meetings

State Human Social Resources Group (SHCRG): The CR Executive Officer is to attend the scheduled meeting of the SCRC and the unplanned meetings convened in response to extraordinary events. For such events, the frequency of meetings will be determined by the situation at hand and dates of future meetings and how they will be convened will be discussed at the end of each meeting during Stand-Up.

District Human Social Recovery Group (DHSRG): The Centre Community Recovery Coordinator (and/or the Regional Director) is to attend all scheduled meetings of the DCRC and the unplanned meetings convened in response to extraordinary events. For such events, the frequency of meetings will be determined by the situation at hand. Dates of future meetings and how they will be convened will be discussed at the end of each meeting during Stand-Up. The minutes of the DCRC are to be forwarded to the CR Executive Officer, highlighting areas of interest. The CR Executive Officer, or a delegated member of the CR Committee, is to attend DCRC meetings over a two year period.

Community Recovery Advisory Committee: The committee is to meet monthly or via teleconference as required, by extraordinary events. Consultations within the Community Recovery Advisory Committee will be ongoing and focused on the continuous improvement of the Community Recovery Programme, as per the Terms of Reference.

Reporting

Reporting requirements of the Lifeline Community Recovery Program:

- Centre CR Coordinator is to provide a short written status report regarding the centre's preparedness at each scheduled District CR Committee meeting. This report is to be copied to the Regional Director, the Operations Manager and the CR Executive Officer. The report is to include, but not be limited to, number of CR Counsellors available, Psychological First Aid Course held (or to be held), up-grades to equipment and materials, changes in Operation Procedures, and changes to the contact numbers of key personnel.
- During an Stand-Up phase, The Centre CR Coordinator is to provide a daily report (only as deemed necessary by the magnitude and scale of the event and only when content of the report is current and considered an exception to what might be otherwise assumed as normal business) to the District CR Manager for the Department of Communities. A copy of the report is to be sent to the Regional Director, the CR Operations Manager and the CR Executive Officer. The report is to include, but not be limited to, the number of personnel deployed, number of contacts, emerging issues. The reporting template is found in Appendix 14. Please note the information included in the daily report is not cumulative but is a report of what has happened since time that the previous report was lodged.
- During the Stand-down phase the Centre CR Coordinator is to write a final report to be submitted to the District CR Manager for the Department of Communities. A copy to be sent to the Regional Director and the CR Manager. The report is to include a final Summary Contact form (Appendix - 13)
- The Regional Director is to authorise a notification report to be sent to the Finance Department of costs for reimbursement.
- CR Executive Officer is to provide a status and activity report to the scheduled State Executives meeting, and to the scheduled State CR Advisory Committee meetings.

Methods of Communication

The following communications methods will be used by the Lifeline Community Recovery Program.

Intranet includes general information for Community Recovery. This can be found under the Client Services intranet site. This site includes training and resource materials, templates, procedures, guidelines, and other background information.

Email is best suited for broad content, non-controversial announcements, instructions, and to provide updates to members. A disadvantage is that some people might not have access to such electronic means of communication particularly outside core office hours.

- Where possible email may be used to
 - detail meeting minutes and agendas detailing meeting dates and locations
 - distribute planning / operational documents for discussion and feedback and
 - event specific reports such as situation reports etc.
- Please also refer to Policy ICT 06

Telephone / Mobile is best suited for use outside core office hours to provide feedback, obtain information and update members. Text Messaging may be used during alert, Lean-Forward and Stand-Up to provide situation updates and advise of meetings scheduled.

- *Telelink*: The Mitel System used by has capacity to teleconference with up to 8 participants. Should a teleconference require more than 8 participants arrangements will need to be made through Telstra:

<http://conferencing.telstra.com/solutions/phone.htm>

Face to face meetings are best suited when planning, briefing and debriefing needs to occur to ensure ability to provide information and obtain feedback.

- Where possible, meetings will be held face to face however other methods for convening meetings will also be utilised depending on availability of resources, geographic location of members and the situation at hand.

Situation Reports (Sit. Reps) summarising the event situation, organisations activated actions from DCRC meetings, Recovery Centre/s location, outreach activity and any emergent issues.

Communication Procedures

Alert

Alert covers the period prior to a disaster presenting as an early risk. During the Alert period the community recovery committee is alerted to ensure its readiness to act if called upon. It is used to provide early advice to members of the Committee and their organisations on the anticipated disaster event, the likely tasks and actions required in response to the anticipated event.

NB. The Alert and Stand-by phases may not be possible if an event strikes without warning.

Centre CR Coordinator

- District Community Recovery Committee Chair will advise all Community Recovery Committee members, as per the members contact details, when the Disaster District Management Group (DDMG) is in an Alert stage for a potential disaster event. The Centre CR Coordinator, or their reserve contact, will be notified. If contacted by email or SMS the Centre Coordinator is to make a short response to affirm the Alert has been received.
- The Centre CR Coordinator may also receive emails from the District CR Committee Chair containing non-sensitive information about the potential event.
- The Centre CR Coordinator will notify the CR Executive Officer, of the Alert notification – mobile phone number of the CR Executive Officer is **0409648278** or the CR Manager – mobile **0407220122**.

- The Centre CR Coordinator will send an SMS, telephone and/or email to their Regional Director, CR Team Leaders, and CR Counsellors, advising them of the Alert notification.
- The Centre CR Coordinator is to email, telephone, or advise face-to-face their wider Centre team of their potential for redeployment for CR duties.
- The Centre CR Coordinator will notify all CR Team by SMS, Telephone or email when there is no longer a need for the Centre Community Recovery Team to be on alert.

Team Leaders and CR Counsellors

- Upon receiving the notification of Alert, the team leader is to email, SMS, telephone and or advise face-to-face the Centre CR Coordinator of their availability.

CR Executive Officer

- Upon notification of Alert, the CR Executive Officer will phone the Regional Director of the Region and if needed the Centre CR Coordinator.
- The CR Executive Officer will immediately notify the CR Operations Manager.
- The CR Executive Officer will email and/or SMS the Executive Director and, in the likelihood of the need for logistical support, the Executive Directors Personal Assistant.
- The CR Executive Officer will notify and up-date the Marketing Team – mobile phone number **0409 894 200**.
- The CR Executive Officer will notify Lifeline Australia for potential Telephone Counselling support services.
- The CR Executive Officer will send an SMS to the Practice Leader for Financial Counselling to give a general Alert.

CR Operations Manager

- The CR Operations Manager will send an SMS or email notification to state-wide Divisions to give a general Alert.
- The CR Operations Manager will notify all state-wide centres by email when there is no longer a need for the CR program to be on alert.

Lean-Forward

Lean-Forward occurs when the threat or the effects of a disaster event become imminent. The Community Recovery Program is placed on stand-by and resources are made available for immediate deployment. The Lean-Forward phase identifies the anticipated level of response and the necessary resources required.

NB: The Alert and Stand-by phases may not be possible if an event strikes without warning.

Centre CR Coordinator

- The Centre CR Coordinator is to have direct telephone or email dialogue with the District CR Committee Chair to ascertain the level of support required. This discussion is to include: when, where and how many staff are to be deployed.

- The Centre CR Coordinator is to have direct telephone contact with Team Leaders and CR Workers to commence rostering for deployment.
- The Centre CR Coordinator is to telephone or email the CR Executive Officer for wider support from outside the division should it be required.
- The Department of Communities Community Support Officer, Community Recovery, are likely to send regular Sit. Reps. (Situation Reports) to the Centre CR Coordinator. The frequency of reports will be determined by the nature of the event. (Reports are to include updates on the disaster event situation and DCRC members most likely required).
- The Centre CR Coordinator will immediately notify, by telephone and email, all staff that have been placed on Lean-Forward once there has been a notification that they are no longer required.

Team Leaders and CR Counsellors

- Team Leaders and CR Counsellors are to confirm with the Centre CR Coordinator, either by telephone or email, receipt of the time and dates for their deployment.
- Team Leaders and CR Counsellors are to confirm with the Centre CR Coordinator, either by telephone or email, the time and venue for briefing meetings, and travel and accommodation arrangements.

CR Executive Officer

- The CR Executive Officer will email or telephone the State CR Committee Chairperson and attend scheduled SCRC meetings, either face-to-face or via telelink.

CR Operations Manager

- All enquiries or offers of support from regions outside of the affected region should be directed through the CR Operations Manager.
- If required the CR Operations Manager will email or telephone Regional Directors, CR Coordinators, and Practice Leader for Financial Counselling with specific request for state-wide support.
- The CR Operations Manager will receive names and contact details from the Centres (enter these into a duplicate roster) and notify local Centre CR Coordinator.
- The CR Operations Manager will notify the CR Centre Coordinator of the region to complete Travel and Accommodation forms for each person coming from another Region, and send these to the Executive Directors Personal Assistant. During after hours (weekends etc.) they should be sent to the CR Operations Manager.
- Where staff have been placed on Lean-Forward and subsequently there has been a notification that they are no longer required, the CR Operations Manager will immediately notify all respective state-wide centres by telephone and email.

Stand-Up

The Stand-Up phase covers the formal Stand-Up of community recovery responses including the convening of community recovery committees, the establishment of actual resource commitments from partners to meet the specific needs of a disaster event, the development of disaster specific Operational Plans, the deployment of staff and community recovery service provision.

NB it is possible that the Community Recovery Program will not be activated following a period of Lean-Forward or Alert.

Centre CR Coordinator

- The Centre CR Coordinator will be advised by the District Community Recovery Committee Chair when the Community Recovery Program has been activated.
- The Centre CR Coordinator will consult with the Department of Communities regarding the immediate, medium to longer term needs.
- The Centre CR Coordinator will give an up-dated face-to-face briefing report to all Team Leaders and Community Recovery Counsellors (CRC) prior to their deployment.
- As deemed appropriate to the scale of the event, the Centre CR Coordinator will schedule daily briefing/debriefing meetings – prior to daily deployment.
- The hand-over communication between changing Community Recovery teams is vital for the smooth functioning of the CR program. When organising rosters and the change of CR teams, the Centre CR Coordinators ensure sufficient time is available at the change-over period for information is transferred between CR teams.
- As deemed appropriate to the scale of the event and the level of Lifeline activity, the Centre CR Coordinator will write a Lifeline situational report and send it to the Department of Communities each day – number of personnel deployed, number of contacts, emerging issues, etc. A copy of the report is to be sent to the CR Executive Officer. A daily report will be required only when content of the report is current and considered an exception to what might be otherwise assumed as normal business.

Team Leaders and CR Counsellors

- Team Leaders and CR Counsellors are to attend a briefing meeting prior to deployment. Preferably this would be a face-to-face meeting though this may not always be possible.
- Team leaders are to be provided with a mobile phone (or SIM card) for use whilst activated, as well as a wireless laptop.
- Team Leaders are to attend on-site briefing and debriefing meetings convened by the Community Recovery Centre Manager or Department of Communities Officer.
- Team Leaders and CR Counsellors are to confirm the time and venue for briefing meetings, and travel and accommodation arrangements.
- The hand-over communication between changing Community Recovery teams is vital for the smooth functioning of the CR program. Team Leaders are to arrange for sufficient time at the change-over period to ensure information is transferred between CR teams.

CR Executive Officer

- The CR Executive Officer will continue as per Lean-Forward procedures.
- The Executive Officer will have regular contact with the CR Operations Manager and the Centre CR Coordinator(s) to maintain up-to-date information on the CR operations and emerging issues.
- The CR Executive Officer will provide regular and up to date email reports to the Executive Director and the State CR Advisory Committee.
- The CR Executive Officer will have regular email and telephone contact with the Media and Communications department and assist in drafting media releases.

CR Operations Manager

- The CR Operations Manager will continue as per Lean-Forward procedures.
- The CR Operations Manager will have regular contact with the Centre CR Coordinator(s) as determine what resources will be required in the immediate forthcoming period of the event.

Stand-down

The decision to stand-down will be based on the completion of core activities and agreed recovery milestones as well as the establishment of longer term strategies to support the recovery needs of the community. The decision to stand-down will be made in consultation with the District Disaster Coordinator.

After the District CR Committee has made the decision to stand-down for a specific event, the Committee will continue to monitor longer term recovery issues of the community at its regular meetings. Medium to longer term community recovery processes of the community will be discussed at the scheduled community recovery committee meetings. The Community Recovery Program is required to provide regular updates when it is involved in longer term recovery.

Centre CR Coordinator

- The Community Recovery Committee Chair is to advise the Centre CR Coordinator of the stand down date.
- The Centre CR Coordinator is to attend any scheduled Post Stand-Up Operational debrief convened by the District CR Committee Chair.
- The Centre CR Coordinator is to organise an internal operational debriefing for Divisional staff.
- No later than 4 weeks post Stand-down the Centre CR Coordinator, in consultation with the CR Operations Manager will send an event specific final report to the Regional Director(s) of the affected region(s), CR Executive Officer, and the District CR Committee Chair.

Team Leaders and CR Counsellors

- Team Leaders and CR Counsellors are to attend the operational debriefing meeting preferably this would be a face-to-face meeting though this may not always be possible.

- Team Leaders and CR Counsellors are to return Photo ID, and any other Community Recovery Equipment to the Centre CR Kit.

CR Executive Officer

- No later than 6 weeks after Stand-down, the CR Executive Officer will submit a final report to the State CR Advisory Committee and State Executive, including number of personnel deployed, number of contacts, and highlighting issues that may have implications at a state level.

Confidentiality

Confidentiality will be respected by all Community Recovery Officers.

Conflict Resolution

The Grievance Policy (HRM 18) provides the basis for conflict resolution. In recognition of the urgency and sometimes chaotic environment of disaster events, the advancement of matters requiring immediate resolution will proceed swiftly through the chain of authority. Should the need for resolution be urgent and critical, the General Manager, will direct an outcome. Such matters will be reviewed again in the stand-down phase and debriefing.

Appendix 4 – Role Description CR Executive Officer

ROLE DESCRIPTION

1. **TITLE:** Community Recovery Executive Officer
2. **LOCATION:** Various Lifeline Centres throughout Queensland, but may be required to be deployed across the State.

3. **PURPOSE OF ROLE:**

To provide executive supervision and leadership to the Lifeline Community Recovery Program, as identified in the State Disaster Recovery Plan and Memorandum of Understanding between the Department of Communities and responding agencies. For the purpose of this role “disaster” includes events as defined by the Disaster Management Act 2003, and also localised critical/traumatic incidents that may not require a state-wide response.

4. **KEY RESPONSIBILITIES**

- 4.1 Ensure effective high-level Community Recovery coordination and management strategies are developed and maintained for the Lifeline Community Recovery Program.
- 4.2 Actively participate on the State Community Recovery Committee to report on the CR activities of Lifeline, represent the views of Lifeline on recovery matters. Liaise with other relevant response and recovery groups and organisations, and provide strategic advice on the Psychological First Aid issues relevant to the human-social components of Disaster and Community Recovery.
- 4.3 Provide executive supervision of the Lifeline State Community Recovery Operational Plan and Certificate in Psychological First Aid Training Program.
- 4.4 Develop and maintain the ongoing system of performance management to continually assess and improve the Lifeline Community Recovery Program, to ensure its relevance and effectiveness in contributing to Community Recovery.
- 4.5 Support and provide advice to the Lifeline Operation Manager on a) preparedness for Disaster and Community Recovery; b) Alert and Stand-by and Stand-Up procedures c) immediate/short-term and medium/long-term recovery arrangements and d) Stand-down.
- 4.6 Where appropriate, and in consultation with the Executive Director and Media and Marketing team, assist in the preparation and presentation of media reports associated with Lifeline Community Recovery work.

5. **ACCOUNTABILITY:**

This role is responsible to the Executive Director, Uniting Care Community.

6. SELECTION CRITERIA

- 6.1 Demonstrated understanding of the human-social needs following a disaster that lead to reduced risk and increased resilience for people, groups, and communities, including those from a culturally diverse background and those who have specific needs.
- 6.2 Demonstrated proficiency in consultation, negotiation, oral and written communication skills that can be applied in a variety of contexts. E.g. public speaking and community engagement, workshops presentation, meetings, and report writing.
- 6.3 Proven ability to work collaboratively within a team context and to provide team leadership and support.
- 6.4 Ability to work within the beliefs, mission, values and policies and adhere to the provisions of the Workplace Health and Safety Act.

7. ADDITIONAL REQUIREMENTS

- 7.1 Qld Driver's license.
- 7.2 Qld Blue Card (Working with Children)
- 7.3 Certificate in Psychological First Aid or other qualifications that are regarded as equivalent or higher.
- 7.4 Certificate IV Workplace Assessment and Training.
- 7.5 Willingness and capacity to travel to other regions through-out Queensland as required

Appendix 5 – Role Description CR Operations Manager

ROLE DESCRIPTION

1. **TITLE:** Community Recovery Operations Manager

2. **LOCATION:** Various Lifeline Centres throughout Queensland, but may be required to be deployed across the state.

3. **PURPOSE OF ROLE:**

To provide managerial services to the Lifeline Community Recovery Program, as identified in the State Disaster Recovery Plan and Memorandum of Understanding between the Department of Communities and responding agencies. For the purpose of this role “disaster” includes events as defined by the Disaster Management Act 2003, and also localised critical/traumatic incidents that may not require a State-Wide response.

4. **KEY RESPONSIBILITIES**

4.1 Ensure effective high-level Community Recovery coordination and management strategies are developed and maintained for the Lifeline Community Recovery Program.

4.2 Coordinate and manage the implementation of the Lifeline State Community Recovery Operational Plan and Operational Procedures.

4.3 Develop and maintain the ongoing system of performance management to continually assess and improve the Lifeline Community Recovery Program, to ensure its relevance and effectiveness in contributing to Community Recovery.

4.4 Support and provide advice to the Lifeline Centre Community Recovery Executive Officer on a) preparedness for Disaster and Community Recovery b) Alert and Stand-by and Stand-UP procedures c) immediate/short-term and medium/long-term recovery arrangements and d) Stand-down.

4.5 Implement any recommendations for the continued development and improvement of the Lifeline CR Program including resource materials to ensure their continued relevance and effectiveness in contributing to Community Recovery. This is to include the organisation and coordination an annual Community Recovery simulation exercise.

5. **ACCOUNTABILITY:**

This role is responsible to the CR Executive Officer.

6. **SELECTION CRITERIA**

6.1 Demonstrated understanding of the human-social needs following a disaster that led to reduced risk and increased resilience for people, groups, and communities, including those from a culturally diverse background and those who have specific needs.

6.2 Demonstrated proficiency in consultation, negotiation, oral and written communication skills, that can be applied in a variety of contexts, for example, public

speaking and community engagement, workshops presentation, meetings, and report writing.

- 6.2 Proven ability to work collaboratively within a team context and to provide team leadership and support.
- 6.2 Ability to work within the beliefs, mission, values and policies of and adhere to the provisions of the Workplace Health and Safety Act.

7. ADDITIONAL REQUIREMENTS

- 7.1 Qld Driver's license.
- 7.2 Qld Blue Card (Working with Children)
- 7.3 Certificate in Psychological First Aid or Certificate IV Telephone Counselling or other counselling qualifications that are regarded as equivalent or higher.
- 6.4 Willingness and capacity to travel to other regions through-out Queensland as required

Appendix 6 – Role Description Centre CR Coordinator

ROLE DESCRIPTION

1. **TITLE:** Centre Coordinator - Community Recovery
2. **LOCATION:** Various Lifeline Centres throughout Queensland, but may be required to be deployed across the state.

3. **PURPOSE OF ROLE:**

To development and maintain a state of preparedness for the Lifeline Centre and provide coordination and leadership to the Lifeline Community Recovery Program in the event of a disaster. For the purpose of this role “disaster” includes events as defined by the Disaster Management Act 2003, and also localised critical/traumatic incidents that may not require a state-wide response.

4. **KEY RESPONSIBILITIES**

- 4.1 Maintain the Lifeline Centre’s state of preparedness to respond to a disaster through the recruitment and training of Community Recovery Counsellors, maintenance of the Centre and State database of Community Recovery Personnel, and the purchase and maintenance of materials and equipment used in a community recovery event.
- 4.2 On behalf of the local Lifeline Centre, attend the District H.S. Recovery Committee meetings and participate in local simulation exercises.
- 4.3 Liaise with the State Community Recovery Operations Manager with regards to the Centre’s state of preparedness, times of Stand-Up, and Community Recovery Program development.
- 4.4 Assess the immediate, medium and longer term psychosocial needs of localised communities impacted by a disaster and report and recommend further action to the State Community Operations Manager.
- 4.5 Brief, equip, deploy and provide necessary debriefing to Community Recovery Workers and team leaders providing face-to-face or telephone psychological first aid to people who have been impacted by a disaster.
- 4.6 Administer the various operations such as collating statistical records, verifying and authorising the Community Recovery staff timesheets and expense reimbursement claims, and providing regular summary reports to the Regional Director, the State CR Executive Officer, the State Operations Manager, the Department of Communities, and the Disaster District Community Recovery Committee.
- 4.7 Work professionally and collaboratively with coordinators of government and other community agencies to maximise services in a Community Recovery event.
- 4.8 In consultation with the Regional Director, the State Community Recovery Executive Officer, the CR Operations Manager and Media and Marketing team, assist in the preparation and presentation of media reports associated with Community Recovery work.

- 4.9 Ensure that Community Recovery Workers work within the policies and procedures of Lifeline and ensure adherence to the provisions of the Workplace Health and Safety Act.

5. ACCOUNTABILITY:

This role is responsible to the Area Manger / Regional Director, with joint practice and quality responsibility to the Lifeline State Community Recovery Executive Officer.

6. SELECTION CRITERIA

- 6.2 Demonstrated ability to assess and respond to the needs of people, groups and communities including an understanding of cultural diversity and specific needs for individuals affected by a disaster.
- 6.2 Demonstrated proficiency in consultation, negotiation, oral and written communication skills, that can be applied in a variety of contexts, for example, public speaking and community engagement, workshops presentation, meetings, and report writing.
- 6.2 Proven ability to work collaboratively within a team context and to provide team leadership and support.
- 6.2 Ability to work within the beliefs, mission, values and policies of and adhere to the provisions of the Workplace Health and Safety Act.

7. ADDITIONAL REQUIREMENTS

- 7.1 Qld Driver's license.
- 7.2 Qld Blue Card (Working with Children).
- 7.3 Certificate in Psychological First Aid, Certificate IV in Telephone Counselling, or other counselling qualifications that are regarded as equivalent or higher.
- 6.4 Certificate IV Workplace Assessment and Training.
- 6.4 Willingness and capacity to travel to other regions through-out Queensland as required.

Appendix 7 – Role Description CR Team Leader

ROLE DESCRIPTION

1. **TITLE:** Community Recovery Team Leader

2. **LOCATION:** Though based in Lifeline Centres throughout Queensland, as part of the Community Recovery team, this role could involve deployment across the State.

3. **PURPOSE OF ROLE:**

To provide on-site coordination and leadership to a team of Community Recovery Officers deployed as part of the Lifeline Community Recovery Program in the event of a disaster. For the purpose of this role “disaster” includes events as defined by the Disaster Management Act 2003, and also localised critical/traumatic incidents that may not require a State-Wide response.

4. **KEY RESPONSIBILITIES**

4.1 Liaise with the Centre Community Recovery Coordinator with regards to the on-site needs for provide first-line face-to-face or telephone psychological first aid to people who have been impacted by a disaster.

4.2 Ensure Community Recovery Counsellors are supported and equipped with necessary materials and resources.

4.3 Provide on-site direction and coordination (briefing and debriefing) to Community Recovery Counsellors deployed to Community Recovery Centres, Outreach Teams and/or Telephone Follow-up Teams.

4.4 Work professionally and collaboratively with Team Leaders of government and other community agencies also involved on-site in a Community Recovery operation and act as the primary on-site contact personal for Lifeline, including participation in on-site interagency meetings.

4.5 Record and collate qualitative and quantitative data on client contacts, and provide regular reports to the Centre Community Recovery Coordinator.

4.6 Ensure that Community Recovery Workers work within the policies and procedures of Lifeline and ensure adherence to the provisions of the Workplace Health and Safety Act.

5. **ACCOUNTABILITY:**

This role is responsible to the Centre Community Recovery Coordinator.

6. **SELECTION CRITERIA**

6.1 Demonstrated ability to provide leadership and on-site, moment-by-moment management in a crisis environment.

6.2 Demonstrated ability to assess and respond to the needs of people and/or groups affected by a disaster using the core components of psychological first aid.

- 6.1 Demonstrated ability to communicate in a non-threatening, non intrusive and respectful manner to a wide range of people from various socioeconomic and cultural backgrounds.
- 6.1 Proven ability to work collaboratively within a team context and to provide leadership to establish immediate working relationships with staff and volunteers from Lifeline and with government and other community organisations.
- 6.1 Ability to work within the beliefs, mission, values and policies and adhere to the provisions of the Workplace Health and Safety Act.

7. ADDITIONAL REQUIREMENTS

- 7.1 Qld Driver's license.
- 7.2 Qld Blue Card (Working with Children).
- 7.3 Certificate in Psychological First Aid, Certificate IV in Telephone Counselling, or other counselling qualifications that are regarded as equivalent or higher.
- 7.4 Willingness and capacity to travel to other regions through-out Queensland as required.
- 7.5 Must have basic counselling skills, the equivalent or higher.
- 7.6 Must have completed or be willing to undertake training in ASIST (suicide prevention).
- 7.7 Must be willing to attend the Team Leaders training course.

Appendix 8 – Role Description CR Counsellor

ROLE DESCRIPTION

1. **TITLE:** Community Recovery Counsellor

3. **LOCATION:** Various Lifeline Centres throughout Queensland but may be required to be deployed across the state.

4. **PURPOSE OF ROLE:**

To provide human-social support and counselling to people affected by disaster. For the purpose of this role “disaster” includes events as defined by the Disaster Management Act 2003, and also localised critical/traumatic incidents that may not require a state-wide response.

5. **KEY RESPONSIBILITIES**

5.1 Provide effective outreach services and counselling services to support individuals and groups affected by a critical incident or disaster

5.2 Distribute resource materials that may assist people in understanding the psychosocial affect of the disaster, referral resources available to them for further support, and self-help tips for minimising the adverse affects of the disaster.

5.3 Work professionally and collaboratively within a team context, and with staff and volunteers of government and other community agencies also involved in helping people recover from the disaster.

5.4 Attend relevant meetings such as induction meetings or briefing meetings before and during Stand-Up.

5.5 Attend and participate in training as required to remain current in providing the relevant skills in community recovery.

5.6 Work within the policies and procedures of Lifeline and ensure adherence to the provisions of the Workplace Health and Safety Act.

6. **ACCOUNTABILITY:**

This role is responsible to the local Community Recovery Team Leader.

7. **SELECTION CRITERIA**

7.1 Demonstrated ability to assess and respond to the needs of people and/or groups affected by a disaster using the core components of psychological first aid.

7.2 Demonstrated ability to communicate in a non-threatening, non intrusive and respectful manner to a wide range of people from various socioeconomic and cultural backgrounds.

7.3 Demonstrated ability to establish immediate working relationships with staff and volunteers from within Lifeline and with staff and volunteers from government and other community organisations.

7.4 Demonstrated understanding and commitment to safe working environments in a disaster context and awareness of the need for personal self-care.

8. ADDITIONAL REQUIREMENTS

8.1 Qld Driver's license.

8.2 Qld Blue Card (Working with Children).

8.3 Certificate in Psychological First Aid or other qualifications that are regarded as equivalent or higher.

8.4 Willingness and capacity to travel to other regions through-out Queensland as required.

8.5 Must have basic counselling skills, equivalent or higher.

Appendix 9 – Role Description Rapid Response Team Member

POSITION DESCRIPTION

1. **TITLE:** Rapid Response Worker – Rapid Response Team
2. **AWARD:** LCCQ (UnitingCare Community) Union Collective Agreement 2008 Professional and Administrative Schedule – current employment salary for existing employees plus allowances
3. **PROGRAM OR SERVICE:** Community Recovery Operations
4. **REGION AND/OR LOCATION:** All
5. **VALUES STATEMENT:**

UnitingCare Community acknowledges that people are informed by a variety of belief systems. As a Staff member we require you to work together on the basis of shared values. Our 'Shared Values' are - *Compassion, Respect, Justice, Working Together, Leading through Learning*. These values should be expressed through your actions, behaviour, practices and the outcomes of your work. Alignment to these values is fundamental to the requirements of this role.

6. PURPOSE OF POSITION:

To provide onsite assessments of disaster locations pre/post impact to allow for Community Recovery

Operational strategies to be developed prior to deployment of Community Recovery personnel. This will only

occur once the disaster site has been deemed safe by the Queensland Police Service.

7. KEY RESPONSIBILITIES:

- 7.1. Liaise with the State Community Recovery Operations Manager, the Community Recover Executive Officer and/or the Community Recovery Centre Coordinator with regards to the assessment outcomes of potential/affected disaster site.
- 7.2. Ensure arrangements surrounding transport, accommodation, catering and communication networks are established in collaboration with the Department of Communities (if possible).
- 7.3. Assess the immediate, medium and longer term psychosocial needs of localised communities potentially/currently impacted by a disaster and report and recommend further action to the State Community Recovery Operations Manager and Executive Officer.
- 7.4. Brief Community Recovery Workers and Team Leaders providing face-to-face or telephone psychological first aid to people who have been impacted by a disaster.

- 7.5. Work professionally and collaboratively with coordinators of government and other community agencies to maximise services in a Community Recovery event.
- 7.6. Work within the policies and procedures of Lifeline/UnitingCare Community and the provisions of the Workplace Health and Safety and other relevant Legislation, including support for injured workers and full participation in return to work plans.

8. ACCOUNTABILITY:

This position is accountable to the State Community Recovery Operations Manager and/or the State Community Recovery Executive Officer.

9. SELECTION CRITERIA:

- 9.1 Demonstrated ability to assess and respond to the needs of people, groups and communities including an understanding of cultural diversity and specific needs for individuals affected by a disaster.
- 9.2 Demonstrated ability to provide in-depth assessments and evaluations of sites covering all aspects of human deployment such as Workplace Health and Safety, Transport, Communications, Environmental implications, Resources and so forth.
- 9.3 Proven clinical understanding of the likely psychological impact a potential/actual disaster has/will cause(d) and the expected psychosocial effects on the communities affected.
- 9.4 Demonstrated proficiency in consultation, assessment, oral and written communication skills, that can be applied in a variety of contexts. For example: workshops presentation, meetings, and report writing.
- 9.5 Proven ability to work collaboratively within a team context and to provide team leadership and support.
- 9.6 Proven experience in the use of Information Technology infrastructure such as laptops, network access, phones, walkie-talkies out in the field, as well as a high level proficiency in the use of common software packages such as the Microsoft Office suite (MS Word, Excel, Outlook Express and so forth).
- 9.7 Demonstrated organisational skills and effective time management principles to ensure that tasks and processes are completed efficiently and effectively.

10. ADDITIONAL REQUIREMENTS / INFORMATION:

- 10.1. Current Qld Drivers Licence - Presentation of a current Drivers Licence must be made before your appointment to the position can be confirmed
- 10.2. Suitability Card for Child Related Employment (Blue Card) - All adults who work with people under 18 years in QLD are required to undergo a "Working with Children Check" under the screening provisions of the Commission for Children and Young People Act (2000) - Presentation of a current Suitability Card must be made before your appointment to the position can be confirmed.

- 10.3. Certificate in Psychological First Aid or other qualifications that are regarded as equivalent or higher.
- 10.4. Certificate IV Workplace Assessment and Training.
- 10.5. Willingness and capacity to travel to other regions through-out Queensland as required
- 10.6. A criminal history check may be conducted on the recommended person for this position

Appendix 10 – Common Referral Form

Community Recovery Community Support Services INTAKE & REFERRAL FORM

For use by community recovery organisations to make or assist in referral to community recovery services

Privacy Notice: Agencies assisting the Department of Communities in recovery activities collect your personal information on this form to assess your needs for assistance. If you choose not to provide personal information, this agency will be unable to assess your application. This agency may also disclose your personal information to other State and Commonwealth government agencies and non-government community agencies that are assisting in the provision of recovery services. The personal information collected will be managed in accordance with the Information Privacy Principles described in the *Information Privacy Act 2009*. Personal information collected will not be used for any other purpose than to assist the provision of personal support and counselling services and will not be disclosed to any other parties without unless required or allowed by law or with your consent.

I consent to the disclosure of essential personal information to other State or Commonwealth government agencies and/or non-government community agencies in order that community recovery services can be provided to address my identified needs.

Date: _____

****Client Signature:** _____

****Consent is valid for one year from date of signing unless otherwise stated.**

CLIENT CODE (If available)				
INITIAL CONTACT INFORMATION				
Date of Initial Contact				
Type of Initial Contact <small>(insert tick in appropriate section)</small>	Referral from Department of Communities	Referral from community organisation	Self referral	Other referral
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intake Agency Details	Worker Name			
	Organisation Name			
	Contact Details			
Priority	Critical	<input type="checkbox"/>	Not Critical	<input type="checkbox"/>
CLIENT DETAILS				
Name <small>(Miss / Ms / Mrs / Mr)</small>	Surname			
	First Name			
Address	Current Address			
Phone	Home		Mobile	
	Gender	Male	<input type="checkbox"/>	Female
Date of Birth				
Email Address				
Preferred Language <small>(if other than English)</small>		Is an interpreter required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Type of Assistance Required				
Provide brief description below to assist referral:				

Existing Client of a service agency (eg disability services, residential care facility,) YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE <input type="checkbox"/>			
Composition of Household		Which of the following best describes the composition of your household	
Living alone <input type="checkbox"/>	Couple with dependant/s <input type="checkbox"/>	Sole Parent <input type="checkbox"/>	
Couple with no dependent/s <input type="checkbox"/>		Other (please specify) <input type="checkbox"/>	
How many people currently live in your household			
Number of dependants			
Age/s of dependants			
Type of Assistance Required			
ASSISTANCE TYPE	<input type="checkbox"/>	ADDITIONAL INFORMATION AND ACTIONS TAKEN	
Information	<input type="checkbox"/>	Advocacy <input type="checkbox"/>	
Referral	<input type="checkbox"/>	Personal Support <input type="checkbox"/>	
Material Support	<input type="checkbox"/>	Support required:	
		Food <input type="checkbox"/>	Material goods <input type="checkbox"/>
		Housing needs <input type="checkbox"/>	Medicines <input type="checkbox"/>
Psychosocial Support	<input type="checkbox"/>	Support required:	
		General social support <input type="checkbox"/>	Psychological first aid <input type="checkbox"/>
		Mental health assessment <input type="checkbox"/>	Counselling <input type="checkbox"/>
		Grief support <input type="checkbox"/>	Funeral support (arrangements and personal counselling) <input type="checkbox"/>
Financial Support	<input type="checkbox"/>	Support required:	
		Funeral support (financial) <input type="checkbox"/>	Business concerns <input type="checkbox"/>
		Income support <input type="checkbox"/>	Business concerns (Primary Industry) <input type="checkbox"/>
		Financial counselling <input type="checkbox"/>	Emergency relief funding <input type="checkbox"/>
Other Support	<input type="checkbox"/>		
Assistance with caring responsibility	<input type="checkbox"/>	Who does the person provide care for?	
Family Relationships	<input type="checkbox"/>	Cultural support <input type="checkbox"/>	Other not listed above (specify) <input type="checkbox"/>
Provide brief description below if required to assist referral:			
PROGRESSION DETAILS			
Follow-up Required		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Follow-up Undertaken		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Referral Information Package Provided to Client		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Referral Agency Response	Referral accepted		<input type="checkbox"/>
	Referral suspended, service at capacity (refer to Department of Communities for further action)		<input type="checkbox"/>
	Referral unaccepted, outside target group (refer to Department of Communities for further action)		<input type="checkbox"/>
	Other (specify) fax back to referring organisation		<input type="checkbox"/>
	Feedback on client outcome received		<input type="checkbox"/>
REFERRAL DETAILS			
Date			
Referral To	Agency Name		
	Key Contact Person		
	Contact Details		

Appendix 11 – Debriefing Format

Lifeline Community Recovery Debriefing Format: example

- Expressions of appreciation.
- Explain the rationale for the debriefing session.
- Mention the need for confidentiality and to care for each other.
- Though not the focus of the meeting, give permission for participants to express feelings and also the invitation for further personal support if needed.
- Ask generally how people found the experience.
- What worked well and what needs further improvement? Solicit for solutions as well as problems
 - **Logistics & organisation**
 - **Communications**
 - **Equipment and materials**
 - **Training**
 - **Workplace Health and Safety**
 - **Anything else**
- Mention what happens from here?
- Certificates

Appendix 12 – Community Recovery Staff Feedback Form



Community Recovery Staff Feedback

Thank you for your recent involvement with the Lifeline Community Recovery Program. From the many informal reports that have been received, the work that you were involved in was valued by the community and made a positive difference to the personal recovery of many people.

Now that the event is starting to wind down, please could you take a few moments to jot down your reflections on your experience and in particular any areas that could be improved. This first-hand information is invaluable to our continuous improvement of the Community Recovery Program.

NB It is highly important to Lifeline that you personally have not been adversely affected by your experience in this Community Recovery operation. Please could you make immediate contact with your supervisor if you feel the need access the Employee Assistance Program.

Event:
Make a general statement about your overall experience:
What worked well and what could be improved? <ul style="list-style-type: none">○ <u>Logistics & organisation</u> ○ <u>Communications</u> ○ <u>Equipment and materials</u> ○ <u>Training</u> ○ <u>Workplace Health and Safety</u>
Without breaching any confidentiality, can you tell of one stand-out story of how you were helpful to a person (s) adversely by the event.

Appendix 13 – Client Contact Form

Community Recovery Event _____ Name: _____

Recovery Centre/Outreach: _____ Date: / / Signature: _____

Region							
Site							
Contact							
Male							
Female							
Family Group							
Ethnicity							
Indigenous							
CALD							
N/A							
Support Given							
Safety & comfort							
Practical assistance							
Stabilisation							
Connection with social supports							
Listening only							
Information giving							
Emerging Issues <i>Attach description</i>							
Referral							
Did you complete & lodge Common Referral Form?	Yes						
	No						
<i>If yes, select the relevant services</i>							
Counselling follow-up							
Financial counselling							
Specialist mental health							
Domestic and family violence							
Child safety							
Medical							

Material aid							
Cultural support							
Housing/accommodation							
Spiritual/chaplaincy							
RSPCA							
Other							