

CentacareCQ Community Recovery Service



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Foreword

This study is a major step for CentacareCQ in understanding how social outcomes might be valued and developing ways to articulate the benefits and challenges of mapping and measuring outcomes to continuously improve services and make more informed decisions for better social responses.

Given the importance of this study, I would like to acknowledge and thank all of those who have contributed, in particular the participants in the interviews; Combined Churches, one of our key stakeholders; other stakeholders in the Bundaberg and North Burnett regions who worked alongside us; CentacareCQ staff for their amazing work efforts; the CentacareCQ Council for recognising the importance of this piece of work; and Dr Sue Rice MAASW for her coordination of the Social Value Impact project. Finally I would like to thank our investor, the Queensland Government.

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Section 1: Executive Summary

The climate in Queensland, Australia, makes the region very vulnerable to extreme weather events including flooding. In 2013, flooding in the path of ex-Tropical Cyclone Oswald affected thousands of people and businesses, with Bundaberg being the worst affected city. Many people in and around Bundaberg were left homeless, isolated and traumatised.

CentacareCQ was given funding by the Queensland Government to provide support and assistance to the victims of the flooding between 2013 and 2015. The CentacareCQ Community Recovery Service (CCRS) responded by offering counselling, practical advice, social events, educational workshops and a referral pathway to other community and government supports.

When the funding for CCRS came to an end in 2015, CentacareCQ undertook this study to gain an understanding of the impact CCRS had made. The aim of the study was also designed to collect information that would inform future policy and practice in regions affected by natural disaster.

This report provides background to the 2013 event and describes some of the negative impacts of the flooding on people's lives, including their quality of life, health, finances and relationships. It then describes and values the outcomes for stakeholders, in particular the service participants who received support and assistance provided by CCRS.

The methodology of this study aligns with social accounting principles, which involve collecting evidence about the changes (outcomes) that occurred for key stakeholders and articulating how change was created. It accounts only for the

value that the CCRS created, so that stakeholders can draw reasonable conclusions about the success of the service. Natural disasters always create considerable economic, environmental and social impacts, but this study chose to focus on the social impacts and outcomes because CCRS was funded to provide mental health and wellbeing support and education.

After consulting with stakeholders, an impact map was developed and financial proxies were identified that could place a monetary value on the outcomes identified. The findings conclude that CCRS provided the government and community with a social value of at least \$1,984,486. That means at least \$2.83 worth of value was created for every \$1 invested in providing services and support to victims of the flood.

The report concludes with a discussion about the impact of natural disasters and the importance of continuing to provide services that build personal and community resilience. It outlines five recommendations that include encouraging service providers to map and measure outcomes so they can continuously improve their services, remain accountable, make more informed decisions, and create better social response systems and policies for regions that are susceptible to natural disasters.

Section 2: Background and Approach

This chapter provides the background to the 2013 natural disaster and CCRS. It explains the research methods used in this study and how the outcomes were identified and valued.

Understanding and valuing the outcomes achieved by community services is becoming more important as funders and organisations try to maximise their social impact. However, valuing outcomes in financial terms is difficult and complex, and there is no standard methodology to measure outcomes such as quality of life, mental health and relationships. Therefore, this study is a major step for CentacareCQ as it represents the first attempt to map and measure the outcomes of a service provided in Central Queensland. The findings of this report will have relevance for the practice, management and funding decisions of community service providers and government.

Aims and Objectives

The study was designed to map and measure the outcomes achieved for key stakeholders of the CCRS. The aim was to develop some understanding about how these outcomes might be valued, and whether CCRS was a good investment.

The study evolved as a learning exercise that has provided insights into how the natural disaster affected victims, and how CCRS impacted individuals and the community. It has assisted CentacareCQ to learn about the feasibility, benefits and challenges of mapping and measuring outcomes.

Specifically, the study aimed to:

1. Engage key stakeholders and develop an impact map to define the outcomes achieved by CCRS.
2. Use the findings to value the outcomes to ensure the funding provided for CCRS was a good investment.
3. Demonstrate how mapping and measuring outcomes can inform policy and practice in regions affected by natural disaster.

This report has been written to support and inform:

- Internal management and staff
- Current and potential funders and donors
- Other agencies and service providers working with CentacareCQ
- Other organisations working in disaster prone areas.

This study demonstrates the importance that CentacareCQ places on being accountable and transparent, and the organisation's emphasis on continuous improvement.



Methodology

A logic model approach was taken to map the outcomes after consulting with key stakeholders. A document review of CentacareCQ's monitoring reports and client feedback forms was also undertaken in the analysis.

A convenience sample of 30 service participants was invited to be part of the study. These participants volunteered their time to be interviewed. Information was collected about what they had experienced, and how their lives had been impacted by the flood and CCRS. One interview was also conducted with another community organisation that had worked collaboratively with CentacareCQ.

Background and Approach [Continued]:

CentacareCQ was responsible for providing access to stakeholders and conducting the interviews with service participants. CentacareCQ staff agreed to conduct the research without partiality or prejudice so that the findings would be accurate and complete.

After the outcomes were identified, research was conducted to understand what the value of these outcomes might be. The process determined the inputs/activities (e.g. what had been invested), to outputs (e.g. how many people participated), through to the outcomes (e.g. what changes occurred). The next step was to use financial proxies to value the outcomes. The cost of not providing CCRS was considered and appropriate financial proxies were then used to calculate a return on investment value. This process is similar to a Social Return On Investment (SROI) methodology; however, this study does not claim to be a full and comprehensive SROI given the limitations of the study and financial proxies available.

Dr Ruth Knight, an independent researcher, conducted the analysis and wrote this report.

Limitations

This study has a number of limitations:

1. The limited timeframe and budget to complete the research constrained the study's scope, number of stakeholders that could be interviewed, and depth of analysis.
2. This analysis could not assess all the impacts of the flood or every outcome that was achieved by CCRS. Therefore this analysis required judgements to be made by the researcher as to areas of focus using the information and feedback that was available.
3. Financial proxies are estimates of financial value where it is not possible to know an exact value. Given the limited information about the social cost of natural disasters, this study could only use the financial proxies available.
4. This report does not offer a judgement about whether CentacareCQ or the activities it provided for the community was adequate or even appropriate. This report only focuses on understanding the impact that CCRS had on stakeholders.

Further research required

This study highlighted the importance of collecting good data about outcomes that occur for stakeholders. Further research is needed to continue this study and gain further understanding about the social impact of natural disasters and the value of providing practical and psychosocial support to people living in disaster-prone regions.

Further research is needed as providing the right services at the right time for victims of natural disasters can have an enormously positive impact on individuals, families and the community as a whole. Being more strategic and targeted in providing these services would save the community millions of dollars and relieve the strain on community organisations and government who are already under-resourced and limited in their capacity to respond to large-scale disasters.

Section 3: Natural Disasters

Natural disasters and their impact on individuals and communities

A “disaster” is defined as a situation or event that overwhelms local capacity, necessitating a request to a national or international level for external assistance; an unforeseen and often sudden event that causes great damage, destruction and human suffering (Guha-Sapir, Hoyois, & Below, 2015).

To qualify as a disaster for the purposes of the research conducted by the World Health Organization’s (WHO) Centre for Research on the Epidemiology of Disasters (CRED), an event must involve at least one of the following criteria:

- 10 or more people killed;
- 100 or more people affected;
- a declaration of a state of emergency; and/or
- a call for international assistance (Guha-Sapir, et al., 2015).

Every year Australian communities experience the damaging impacts of natural disasters. Australia regularly experiences a range of natural disasters including bushfires, floods, severe storms, earthquakes and landslides. These events cause loss of life and great financial hardship for individuals, families and communities. There is overwhelming evidence that disasters can lead to a range of post-traumatic mental health problems, financial stress and homelessness.

Flooding is a regular seasonal phenomenon in Australia, which occurs when water covers land that is normally dry. Many Australian towns have been built on floodplains and near the catchment areas of river systems, which makes them susceptible to flooding when there is heavy rainfall.

Previous research has tried to document the social, economic and health impacts of floods around the world but estimating the more immediate economic and tangible costs has been much easier than calculating the social costs, such as the impact on relationships, physical and mental health over the long term.

In economic terms, floods in Australia can devastate huge areas of land, livestock and towns causing a fuel and food crisis, sparking soaring food prices and in several cases deepening trade deficits. Damage to public infrastructure affects a far greater proportion of the population than those whose homes or businesses are directly inundated by the flood. In particular, flood damage to roads, rail networks and key transport hubs, such as shipping ports, can have significant impacts on regional and national economies (Queensland Government, n.d.).

Social impacts, which include psychosocial, sociodemographic, socioeconomic, and sociopolitical impacts, can be difficult to assess when they occur. These impacts can involve social disruption to normal life and relationships, as well as people’s mental and physical health. Understanding how individuals and communities can successfully adapt to rapid and oftentimes crises-driven change is increasingly recognised as important both in terms of government policy and management responses (Maclean, Cuthill, & Ross, 2013).

Despite the difficulty in measuring these social impacts, it is nonetheless important to monitor them because they can cause significant problems for the long-term functioning of individuals, families and businesses. A better understanding of the social impacts of disasters can provide a basis for planning for disasters and developing contingency plans to minimise adverse consequences (Lindell & Prater, 2003).

Natural Disasters [Continued]:

Trauma and mental health problems are common social impacts of natural disasters such as flooding. Depression is the second most commonly observed psychological disorder in survivors of disasters, followed by various problems with anxiety (Norris et al., 2002). Other impacts that have been seen in survivors of disasters include alcohol use disorders, drug use disorders, and other mental health problems.

Poor mental health and isolation were reported by the victims of floods in Northern Ireland between 2008 and 2012 (British Red Cross, 2012). A report highlighted the importance of the relationship between people who live in isolated areas and their social contact with other people in their community. As people in the affected region were limited to only essential travel, their participation in normal social events such as sporting commitments, family gatherings and Christmas shopping was severely limited, which exacerbated their sense of isolation. The report recommended new approaches to building personal and community resilience before flooding occurs to minimise the impact of trauma and isolation.

Another report published by the British Red Cross (McNulty & Rennick, 2013) about flooding in the UK stated that when victims were asked which three words they most associated with their own experience of flooding, the majority of words chosen were overwhelmingly emotive. Emotions such as worry, stress, fear, loss and shock characterised the flooding experience. The report recommended both emotional and practical support to victims beyond the immediate flood event in order to improve personal and community resilience.

Du et al. (2010) identified that the health consequences of floods may be categorised broadly as direct or indirect. Direct consequences are those resulting from direct exposure to the water and the flooded environment, and include drowning, injuries from debris, chemical

contamination, and hypothermia. Indirect consequences are those associated with the damage done by the water to the natural and built environment, and include infectious diseases, malnutrition, poverty-related diseases, and diseases associated with displaced populations (Ahern & Kovat, 2005).

Du et al. (2010) states that major life stressors, such as disasters, increase susceptibility not only to physical illness, but also to poor mental health. People who have experienced a flood have been shown to have a fourfold higher risk of psychological distress than do those not exposed to flood, and a suicide rate 13.8% higher than pre-disaster rates. Mental health problems may derive from physical health problems or from personal losses, social disruption, and economic hardship.

An impact study conducted by Carroll, Balogh, Morbey, and Araoz, (2010), which analysed the health and social impacts of floods that affected Carlisle in northwest England in 2005, found that residents affected spoke of physical health ailments, psychological stress, water health-and-safety issues related to the floods, and disputes with insurance and construction companies, which victims felt had caused and exacerbated psychological health problems. Support workers also suffered from psychological stress.

The study found that every respondent reported varying degrees of anxiety and stress, attributing it, directly, to primary factors related to the floods themselves or, indirectly, to secondary factors. Primary factors include the dangers posed by the floodwaters, damage to property and possessions, evacuation from home, displacement issues, and living conditions (whether people remained at home or not). Secondary factors include dealing with disputes with insurance companies, loss adjusters, flood restoration companies, building contractors and various agencies. Many of the respondents were not able to return to their homes for months after the floods, and many other people were displaced for more than a year.

Natural Disasters [Continued]:

Many people reported suffering from depression, panic attacks, flashbacks, sleeplessness, a lack of motivation, and unsettled or obsessive behaviour related to the floods. It is clear that stress was experienced not only on a short-term basis during the floods and immediately afterwards, but also during the long process of restoration of homes. Secondary factors exacerbated initial stresses and introduced new ones. In addition, residents were living in constant fear of future flooding (Carroll, et al., 2010).

Davidson & McFarlane (2006) report that disasters challenge a person's ability to adapt as they create massive stress because of the violent encounter between nature and mankind. Disasters create loss and destruction, helplessness, a threat to life and a person's security and normality, which in turn can cause withdrawal, shock, headaches, pains, fatigue, other physical symptoms, personal conflict, anger and relationship breakdown.

The research indicates that the most severe social impacts are seen within 12 months of a disaster with decreasing severity as people rebuild their lives, learn to cope and access support. However, the social impacts can be long lasting with some people never returning to their normal selves, or experiencing post-traumatic stress disorder for many years that puts a strain on every area of their life. It appears important that victims of disaster have access to a supportive family, as the more a person can turn to its own family or to extended kin for comfort, a sense of safety and material aid, the more likely it will be that they will rebound from the disaster psychologically (Caruana, 2010).

Relationship breakdown and the rate of divorce after a disaster were investigated by Cohan and Cole (2002) who found that consistent with stress

research and economic circumstances research, divorces increase after a natural disaster. For some couples, natural disaster may hasten a transition they were already moving toward at a slower pace. For others, natural disaster may lead to a transition that might not have occurred if not for the disaster. The authors suggest that the actions people take following a disaster are nontrivial and have real-world consequences. For this reason, they argue that the results of their study suggest that services for disaster victims beyond immediate disaster relief and individual mental health counselling may be warranted in the year following disaster. Increased divorce rates suggest an increased need for marital interventions following disaster. In addition to preventing divorce among some couples following disaster, marital intervention may also reduce depressive symptoms typically seen after disaster. (Cohan & Cole, 2002).

The wide-ranging effects of disaster on individuals mean that there are a range of impacts on a community as a whole. While some disasters can create a positive impact such as a greater sense of community and an increase in the community's resilience, the negative impacts can be lawlessness, unemployment, community fragmentation and people moving away from the area. A major challenge for hazard-prone communities is to reduce their vulnerability and increase individual and collective resilience to better respond to extreme weather events.

In summary, there are many negative economic and social impacts that natural disasters have on individuals and communities, and a number of indicators that suggest whether they have resilience to recover after the disaster.

Natural Disasters [Continued]:

Table 1: Negative impacts of severe flooding and indicators of resilience

	Negative Impacts	Indicators of resilience
Environment	<ul style="list-style-type: none"> ■ Damage to the ecosystem and habitat. ■ Loss of animals and wildlife. ■ Erosion. ■ Contaminated water. 	<ul style="list-style-type: none"> ■ Safety of animals and crops. ■ Ecosystem preserved. ■ Return to equilibrium. ■ Renewal and reorganisation.
Economic	<ul style="list-style-type: none"> ■ Businesses lost or disrupted. ■ Unemployment. ■ Loss of livestock and agriculture. ■ Loss of buildings and equipment. ■ Cars damaged or destroyed. ■ Disruptions to power, water and transport. ■ People moving away from the area. ■ Cost of rebuilding and replacing lost things. ■ Damage to tourism. ■ Greater need for health services and welfare payments. ■ Cost of rescue operations and equipment. ■ Greater demand for personal and business loans. ■ Emergency financial assistance and grants. 	<ul style="list-style-type: none"> ■ Emergency response plans implemented. ■ Successful evacuation plans. ■ Successful rescues and emergency equipment. ■ Businesses up and running again quickly. ■ Employment levels maintained. ■ Insurance companies act quickly and effectively.
Social	<ul style="list-style-type: none"> ■ Loss of life, casualties and injuries. ■ Interruption to education. ■ Worry. ■ Grief and bereavement. ■ Poor mental health and trauma. ■ Separation and divorce. ■ Homelessness. ■ Isolation. ■ Increase in drug and alcohol use. ■ Increase in crime and violence. ■ Negative effect on relationships and social connections. ■ Increase in divorce. ■ Increase in depression, anxiety and suicide. ■ Increase in neuroticism and emotional instability. ■ Stress-related illnesses. ■ Greater need for counselling and support services. 	<ul style="list-style-type: none"> ■ Early warning systems. ■ High capacity to deal with the crisis. ■ High levels of optimism and hope. ■ Awareness and emergency response plans. ■ Communication with family and support networks. ■ Seeking help. ■ A quick recovery to post-flood status. ■ Sharing information with family and neighbours. ■ Giving practical help to others. ■ Desire to preserve pre-flood icons and norms. ■ Interagency collaboration. ■ Individual and group capacity to respond to local needs and issues.

Section 4: The Natural Disaster in 2013

In January 2013 a severe weather event occurred due to ex-Tropical Cyclone Oswald creating rainfall in excess of 1000mm in 96 hours. The Australian Emergency Management Institute (2013) records that Cyclone Oswald formed in the Gulf of Carpentaria. It made landfall on the west coast of Cape York Peninsula as a weak category one system with winds up to 100km per hour. As the cyclone moved inland it was downgraded to a tropical low system. The ex-Tropical cyclone brought with it a heavy monsoon rainfall system and most of the eastern areas of Queensland, and the coast of northern New South Wales experienced very heavy rainfall for approximately a week (Australian Emergency Management Institute, 2013).

The heavy rainfall caused severe flooding in many areas along the coast, including the Burnett catchment in Queensland (Bureau of Meteorology, 2013). The worst affected city was Bundaberg where 2000 homes and 200 businesses were inundated with flood water as the Burnett River rose to a record of 9.53 metres. This forced an evacuation order being issued to 5000 residents and an emergency rescue of 1000 people who were stranded in North Bundaberg (Australian Emergency Management Institute, 2013). Six people died and thousands of people were isolated by the floodwaters for days.

The impact of the event (Australian Emergency Management Institute, 2013)

- The flooding created the biggest evacuation in Queensland history with 9000 homes in Queensland and New South Wales being evacuated.
- 2000 people were isolated by floodwaters and required emergency supply drops.
- Approximately 40 water rescues were undertaken by State Emergency Service volunteers.
- 2000 homes in Bundaberg were flooded.
- There were six deaths as a result of the flood.
- The Queensland State Emergency Service received 1800 calls for help on the 28 January.
- The New South Wales State Emergency Service attended to more than 2900 calls for assistance.
- The worst ever power outages occurred in Queensland, affecting 283,000 properties.
- 200 schools were closed on the first day of school for the year.
- Key infrastructure was damaged and destroyed, estimated to cost hundreds of millions of dollars.
- The rail service was closed between Cairns and Townsville, the Weipa port shut down for several days, airlines cancelled many domestic flights between New South Wales and Queensland, and travellers were stranded as they tried to return home after the long weekend.
- There was some severe coastal erosion of beaches along the coast.
- The insurance bill was estimated to be in excess of \$661 million.
- More than \$155 million was provided in government assistance to individuals and businesses who were victims of the disaster.

The Natural Disaster in 2013 [Continued]:

Financial impact

The Australian Emergency Management Institute (2013) records that the financial impact was created by agricultural losses including the loss of crops and livestock, lost coal production, insurance claims and emergency and recovery payments that were provided to victims. There was the cost to rebuild infrastructure and transport networks, the cost of 180 defence personnel that were involved in the rescue and clean up and the evacuation of Bundaberg hospital.

The Insurance Council of Australia (2013) state that the general insurance industry received about 59,010 claims to an insured value of about \$661.3 million as a result of ex-Tropical Cyclone Oswald.

In addition, federal and state government grants were made available to eligible victims and businesses including:

- Queensland Floods Appeal 2013 Payment;
- Essential Services Safety and Reconnection Grant;
- Emergency Assistance Grants;
- Australian Government Disaster Recovery Payment;
- Low interest loans and clean up and recovery grants for business owners and primary producers;
- Freight subsidies and Individual Disaster Stricken Property declaration; and
- Leasehold rent relief.

These payments totalled more than \$155 million (Australian Emergency Management Institute, 2013).





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Social impact

Unfortunately there has been little attention in the reports or literature about the social impact of the flooding that occurred. However, we do know that tragically, six deaths occurred that were related to the event and many people were injured. People were evacuated, schools were closed, and people were isolated by floodwaters. There were interruptions to businesses, employment and the tourism industry.

Over \$800 million was paid out in government financial assistance and insurance, indicating the scale of loss and damage that occurred to people's livelihoods, homes and possessions. However, there is no estimated financial cost that has been attributed to the social impact the disaster had on individuals' and families' health and relationships.

Section 5: The CentacareCQ Community Recovery Service (CCRS)

The CentacareCQ Community Recovery Service (CCRS) was implemented by CentacareCQ, a community organisation which was opened by Sister Anne Marie Kinnane as the Christian Family Centre on January 29, 1974 in a small demountable building in Rockhampton. The Centre grew and by 1986 it was not only operating in Rockhampton, but also in Mackay, Bundaberg and Gladstone, and the types of services were more varied.

In 1988 the Christian Family Centre became 'Centacare' – joining the larger family of official Catholic social services agencies across Australia.

Today CentacareCQ is based in Rockhampton. It provides almost 30 social service programs, and employs more than 200 staff and many volunteers. The organisation's programs fall into four main categories:

- Counselling and Education
- Family Relationship Centres
- Community Care
- Case Management

These services are designed to meet community needs, strengthen community and build community resilience. With an emphasis on creating partnerships and social, cultural, environmental and financial wellbeing in the region, the organisation has become a leading service provider of health and community services.

It was assumed that given its scale, the 2013 disaster would have a large social impact on individuals, families and the local community. Therefore, funding was provided under the Natural Disaster Relief and Recovery Arrangements (NDRRA) for the provision of disaster recovery activities. The funding was administered by the Queensland Department of Communities, Child Safety and Disability Services to community organisations that were suitably experienced and in a good position to work effectively in partnership with

other local community services, the local council and state government.



Funding was provided to deliver the CentacareCQ Community Recovery (Community Mental Health) Service (CCRS) between December 2013 and 30 June 2015. The purpose of CCRS was to support communities impacted by ex-Tropical Cyclone Oswald and associated flooding in the Bundaberg and North Burnett area. Through a community-led process, the service aimed to provide recovery activities and services to individuals, carers, families, groups and communities with a focus on assisting people who were experiencing personal, social or emotional difficulties as a consequence of this weather event.

CCRS was focussed on providing mental health and wellbeing support and education that would:

- provide personalised support through individual and group counselling sessions;
- provide practical mental health information to individuals, groups and the community;
- provide resources and advice about supporting family, friends and neighbours impacted by the event;
- educate the community about recognising the early signs of psychological distress; and
- provide information and guidance about where to go to seek assistance for individuals, groups and the community.

CCRS [Continued]:

Service delivery was provided through a variety of modes including but not limited to face-to-face, telephone, physical service location, community meeting point, and outreach. CCRS focussed on providing friendly and non-stigmatising access to support services and an entry point to more targeted support services as required.

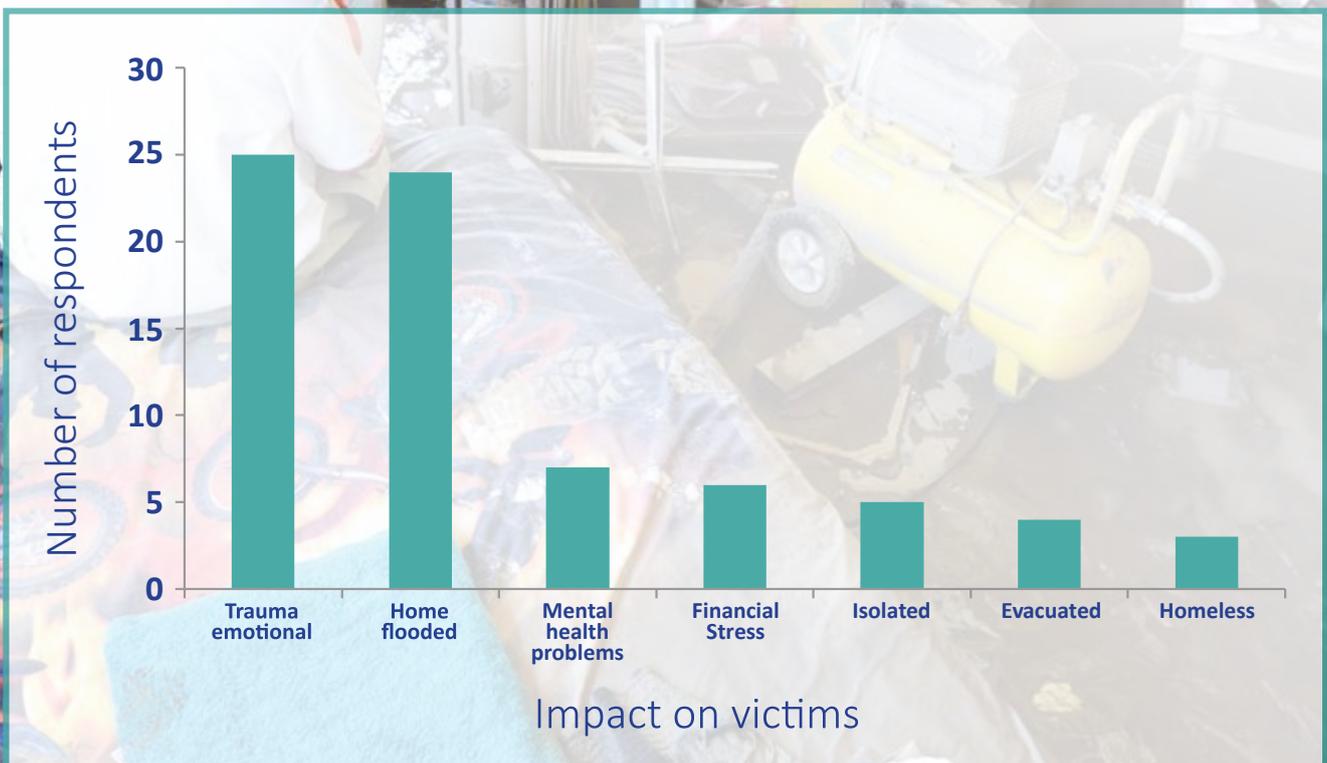
The service was accessed by community members in Bundaberg and North Burnett regions. It was led and delivered by a small team of five counsellors and community workers. This team developed a logic model and plan to monitor and review the progress of the service every month. As the service started identifying clients' needs and gathered their feedback, it was tailored to the needs of the clients who accessed the service.

The services offered included:

- Counselling
- Psycho-education groups
- Community social support activities
- Friendship club
- Walking group
- Practical support
- Community events
- Referrals to other agencies and community support

Problems and impact on victims

For this study, a sample of 30 service participants was interviewed two years after the flood in June 2015. The interviews found that the two largest problems that victims faced were, first, trauma and emotional issues, and, second, that their homes were flooded. Many of these clients had more than one problem and issue. For example, being isolated or evacuated meant that they were then traumatised and facing financial stress.



CCRS [Continued]:

The following quotations from participants illustrate the impact of the flood disaster on victims.

- “ [It was] pretty bad. I lost all my furniture and everything. I’m in housing until they finish renovating my unit. I’m not on my feet as well as I should be.
- “ I had a heart attack and my husband couldn’t find me for six days or something.
- “ It was inconvenient. We were one of the last people to have their house fixed.
- “ I couldn’t use the power. It was hard.
- “ It wiped out all our income and our livelihood, we were cut off for several days.
- “ We lost 90% of what we owned. I’ve lost thirty years of photos. I’ve lost my heritage and culture, I don’t have any immediate family so I can’t replace them.
- “ My husband got cancer, so things happened at the same time. It’s taken me a long time to get over it. You stop feeling like a super woman.
- “ It was a shock and it still affects us now. My wife had a heart attack and they took her and I couldn’t find her for a month. Then they wouldn’t release her until she agreed to go to Newcastle to her sisters.
- “ We were without power for five days and had to survive on dry food.
- “ I was devastated! I lost my relationship. Those who loved me didn’t want to know me.
- “ It was terrible. We didn’t get to see our stuff before it was thrown away. It’s gone. Stuff was stolen from us. It upset me, a lot of stuff that disappeared belonged to my family. The stuff wasn’t in the water. You feel as if your life is taken away.
- “ We were stuck in the house for 18 days without food or communication. I got an infection in my leg.
- “ My home was completely flooded and I was devastated to lose everything.
- “ I got depressed and had problems with housing. I lived on the concrete floors.
- “ After the flood I had a motor vehicle accident due to the road being washed out. I was injured badly and it changed my life badly.
- “ We lost everything. It impacted me greatly, I was an emotional wreck.
- “ I ended up with depression and anxiety attacks.
- “ I was scared.
- “ I felt very depressed, nearly suicidal. My husband fell ill and died 12 months later.
- “ I was depressed, lost everything. Wasn’t sure how my wife and I would continue.

The quotes demonstrate that people were practically and emotionally affected; many were traumatised and experienced a lot of loss and grief. Many had long-lasting impacts: the flood affected their relationships, health and finances.

Section 6: CCRS Impact Map

The impact map, or theory of change, is a description of the inputs, outputs and outcomes for stakeholders. This section describes the theory of change for each stakeholder group, with an emphasis on describing the outcomes that were experienced by each stakeholder group as a result of CCRS. This description is based on the evidence collected as part of the stakeholder consultation, information from CentacareCQ staff, secondary research, and analysis by Ruth Knight.

As identified by the Impact Map, CCRS achieved a number of outcomes for three key stakeholder groups.

Table 2: Summary of stakeholder groups, the size of the group and number of stakeholders engaged per group between 2013 – 2015.

Stakeholder	Size of group	Type of engagement during 2013–2015	Number consulted for this study
Direct service participants	342 direct beneficiaries and 684 indirect beneficiaries (total 1,026)	Beneficiary of CCRS	Thirty interviews were conducted in July 2015 and around 100 surveys were completed with clients exiting the service or completing a workshop.
State government funder	1	Investor	The service agreement was reviewed to establish the funder’s aims and objectives.
Other community services and agencies	20	Collaborative planning and implementation of services, referral pathways and workshops	One interview was conducted with the manager of the community service that worked in partnership with CentacareCQ.

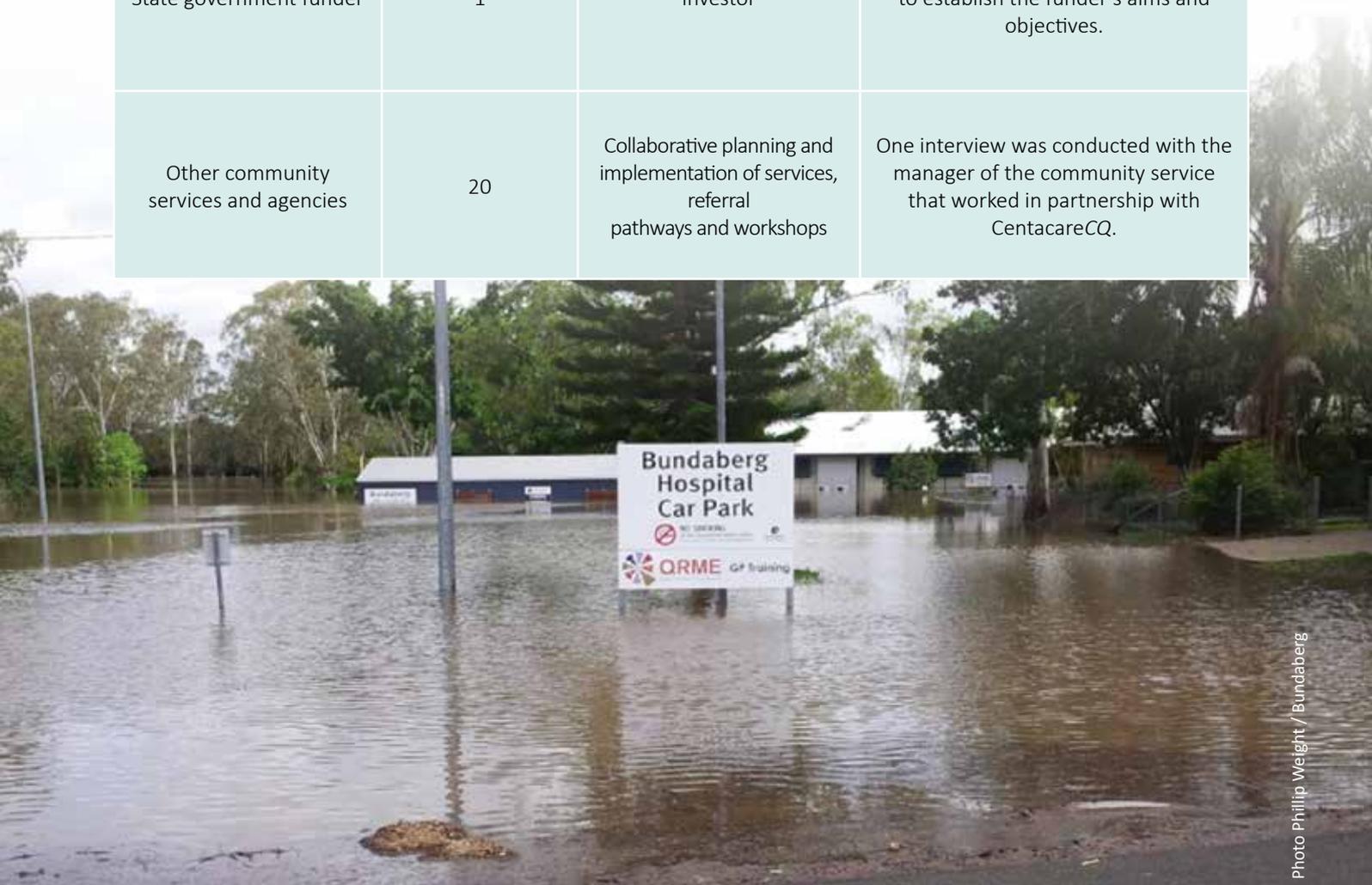
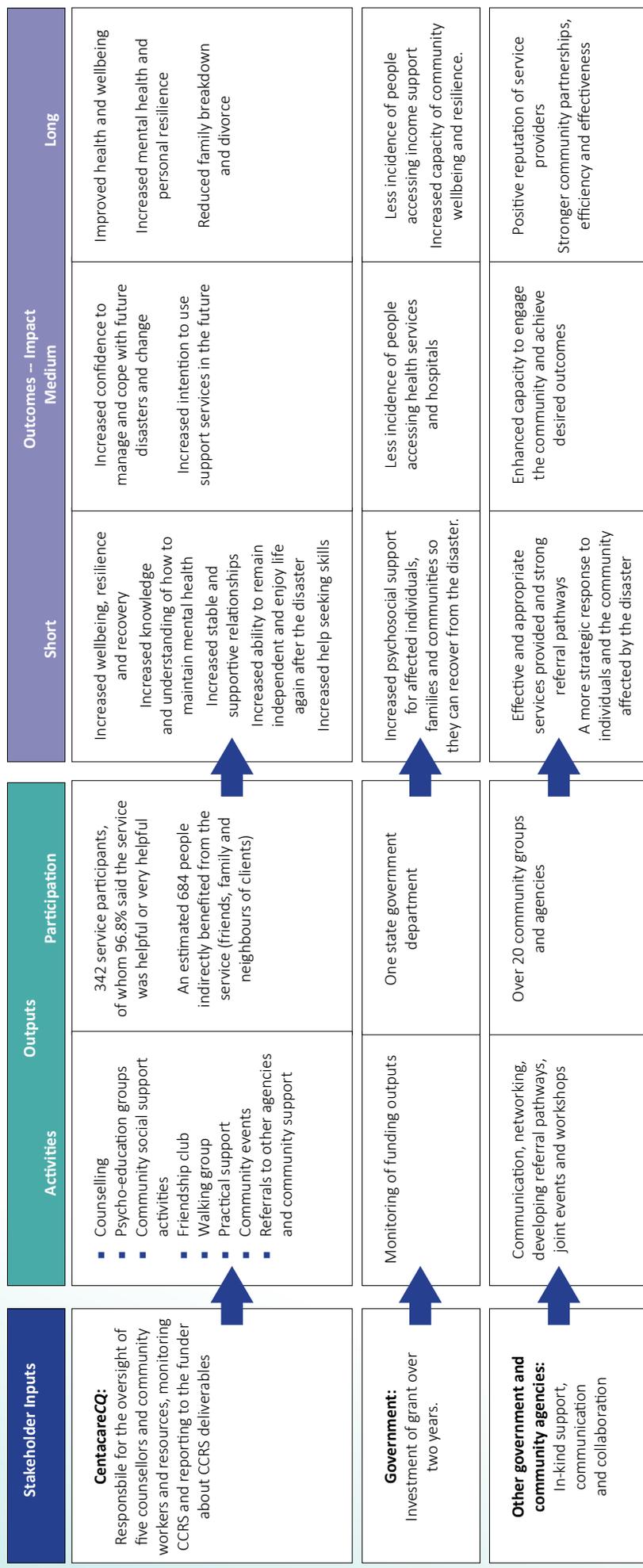


Photo Phillip Weight / Bundaberg

CCRS Impact Map [Continued]:

CCRS was delivered by CentacareCQ to improve the health and wellbeing of individuals and families impacted by the flooding in the Bundaberg and North Burnett area caused by ex-Tropical Cyclone Oswald.



CCRS Impact Map [Continued]:

Inputs

CentacareCQ was provided \$700,000 of funding by the Department of Communities, Child Safety and Disability Services to deliver the project between December 2013 and 30 June 2015. CentacareCQ also worked collaboratively with many other community services although the extent of their financial and in-kind investment is not known.

Activities and outputs

Table 3 shows the outputs achieved by CCRS.

Table 3: CCRS outputs

Outputs	
<p>342 clients were provided with support and advice including:</p> <ul style="list-style-type: none"> ■ Counselling ■ Psycho-education groups ■ Community social support activities ■ Friendship club ■ Walking group ■ Practical support ■ Community events ■ Referrals to other agencies and community support 	<ul style="list-style-type: none"> ■ Five counsellors and community workers provided 342 clients with support, information and education. ■ It is estimated that at least another 684 people indirectly benefited from the service (friends, family and neighbours of clients). ■ That is a total of 1,026 direct and indirect beneficiaries of CCRS.
<p>Satisfaction with service</p>	<ul style="list-style-type: none"> ■ 96.8% of those who accessed the service said the service was helpful or very helpful. ■ 93.6% of clients felt that the CentacareCQ staff understood their needs.
<p>Number of partnerships with other community and government agencies and groups</p>	<ul style="list-style-type: none"> ■ Over 20 informal and formal partnerships were developed with other community groups and agencies. <p>For example:</p> <ul style="list-style-type: none"> ■ Attended Harmony Day in collaboration with Uniting Care, Salvation Army and Bundaberg Regional Council. ■ Excelsior Club Morning Tea held every week in collaboration with Combined Churches. ■ Two 'Get Ready Workshops' provided in collaboration with Uniting Care. ■ Community Conversations held in Collaboration with Uniting Care Community and Bundaberg Regional Council. ■ Presentation delivered to Blue Water Sports Club at Burnett Heads. ■ Information and advice session delivered to Liberty Villas.

CCRS Impact Map [Continued]:

Outcomes experienced by service participants

Short-term outcomes

Clients accessed the service and provided feedback that they were given both emotional and practical support. The information they received helped them understand the impact of the disaster and they felt less isolated and increased connection with friends and supports. The support helped them learn how to deal with anxiety, stress and depression and they began feeling more in control, and a sense of greater independence. Clients spoke about feeling able to ask for help once they realised that there were people who cared about them and wanted to help. It appears that the connections formed between victims and counsellors created a sense of hopefulness and optimism. This empowered people to increase their coping capacity and sense of wellbeing.

The following quotations from participants illustrate the outcomes achieved.

“ [The Centacare staff] have given me so much support. Starting to feel not so isolated and I know that the Centacare girls are there for me.

“ The positive reinforcements put me on a more stable path towards physical, mental and emotional wellbeing.

“ Centacare appears to understand our issues we face and gives great advice.

“ I have a new baby. I was lonely and anxious and thought I was going mad. I was given support and linked into other help. I feel so much better and much more confident.

“ Because I struggle with anxiety, depression and panic attacks, I become calm and relaxed when I have a visit from a lovely lady from Centacare who has supported and understood my problems.

“ I found it helpful to be meeting people in a group and social outings.

“ [The service] helped me make decisions to minimise my anxiety related to the up and coming wet season and gave me support regarding my anxiety related to the flood events.

“ [They] spoke in plain speaking so we could all understand and no fobbing off our questions.

“ [I learnt] what to look for in others with stress.

“ People need to discuss what has happened and listen to others; it helps so people realise they are not alone in their feelings.

“ [The Centacare staff] have helped me through a difficult time.

Medium-term outcomes

There is evidence to show that once people have access to advice, information and support they feel a greater ability to return to ‘normal’ and actively engage in community again. Once the initial shock and anxiety about the effects of the disaster have subsided, people are able to think more clearly, problem-solve more effectively and ‘adjust’ to the changes they have experienced.

“ The mental health first aid training session was fantastic. Mental illness in my family has increased since the flood.

“ I thank you for the service you provide. If I hadn't received the support, I would have been a suicide statistic.

“ Without the support and advice, I may not have had assistance to help with paperwork or to gain disability pension or know my options available to me.

“ Without CCRS I think I might have ended up in the mental health ward, lost everything and given up.

“ I was on antidepressants but with support have ceased them. My whole family would have suffered.

CCRS Impact Map [Continued]:

- “ I now cope better with socialising. I have more confidence. I participate in friendship club and community projects.
- “ Now I am attending friendship group weekly and learning to trust people more.
- “ I can go out of my house, I can mingle with people and meet new friends. I can talk to myself about my feelings and feel better.
- “ Now I understand our situation better and accept the things I can't control.
- “ I now know about services and support. I can now talk to nurses about how I feel and am more confident in my ability to care for my husband.
- “ This flood has been a life-changing moment and the support I received has changed me for the better.
- “ I hope to continue to use the techniques I have learnt. I have now moved and feel better.
- “ I hope I continue to feel this way. I would like to think I would continue to get strong and confident.



Long-term outcomes

The program assumed that if people felt more supported, connected, empowered and knowledgeable, then this would lead to an increase in their personal resilience and ability to cope with ongoing issues and future changes. There is evidence to suggest that as time passes people's needs change but with support their physical and mental health improves and they are in a better position to help increase overall community resilience by helping others, volunteering and maintaining community support networks. Of the clients surveyed when they exited the service, 96.7% said they were more likely to access other support services after being in contact with CCRS. This is evidence that the reputation of CentacareCQ had improved, and clients were more likely to ask for help and support from other support services as well since their experience had been positive and they were feeling more confidence to ask for support.

- “ Without CCRS I don't think I would have known about disaster preparedness or flood mapping tools. I also would not be as strong today in the carer role.
- “ Before CCRS I think I would have gone into my shell and continued to be withdrawn. I used to panic when it rained but I don't now.
- “ CCRS has enlightened me to other community supports.
- “ I take things lighter now, go with the flow. Now that I have the disability pension I have more financial security. I stress less about life.
- “ I got my independence back. Feel more empowered to make decisions and get out of the house.
- “ I still feel anxious when it rains. My depression only comes and goes now. I feel I can face the day better now and I attend friendship club, exercise and outings.

CCRS Impact Map [Continued]:

“ I feel more prepared and less stressed.

“ I feel heaps better and can cope better.

“ I feel more confident and less anxious.

“ I was able to see things from a different perspective and a bigger picture. I was less stressed and more in control of my life and more understanding of things.

“ Things became more positive. I learnt stress management techniques that helped me cope better with life. I feel more in control and better in my life.

“ I learnt to manage my anxiety. I would seek further support if needed as I know where to go for help and information. It helped my unit studies and relationship issues.

Resilience and most significant change

Thirty service participants were asked about their resilience and recovery; 33 percent of respondents were male (n=10) and 67 percent of respondents were female (n=20).

The majority were aged between 61 and 70 years and the mean age was 57 years old. Twenty-five respondents lived in Bundaberg and five lived outside of Bundaberg or had moved away since the flood.

Table 4: Age of survey respondents

Age	Frequency	Percent
Under 30	3	10
31–40	1	3
41–50	4	14
51–60	4	13
61–70	12	40
Over 70	5	17
Unknown	1	3
Total	30	100

CCRS Impact Map [Continued]:

To measure the changes that occurred regarding personal resilience, CentacareCQ chose to use a number of key indicators identified in the literature as reflecting people's experiences of their positive and negative emotions, satisfaction, vitality, resilience, self-esteem and sense of positive functioning in the world. Social wellbeing measures people's experiences of supportive relationships and sense of trust and belonging with others (Morton & Edwards, 2012).

In the context of the flood, CentacareCQ chose indicators that include:

Personal wellbeing – e.g. confidence to deal with change, sense of safety, quick recovery, optimism and hope, low emotional stress, ability to ask for help, agency (ability to take required action).

Social wellbeing – feelings of belonging and support, access to trustworthy information, willingness to share information with others.

The indicators also took into account the six attributes of resilience as described by Maclean et al. (2013):

1. Knowledge, skills and learning;
2. Community networks;
3. People-place connections;
4. Community infrastructure;
5. A diverse and innovative economy; and
6. Engaged governance.

The scale developed and used to measure individuals increase in resilience consisted of 16 items and respondents were asked to use a four-point Likert Scale from 1 (not at all) to 4 (a lot).

The scale measured how much, if any, CCRS helped individuals improve their ability to:

- | | |
|---|---|
| 1. Cope with change | 9. Feel in control |
| 2. Cope with problems | 10. Think clearly |
| 3. Cope with stress | 11. Feel supported and cared about |
| 4. See the humorous side of problems | 12. Feel hopeful and optimistic |
| 5. Bounce back to how I felt before the flood | 13. Feel less anxiety |
| 6. Achieve my goals | 14. Be physically healthy |
| 7. Learn where to turn to for help | 15. Learn survival skills and knowledge |
| 8. Get help from other people/services | 16. Be prepared for future floods and other disasters |

The findings show that all the service participants felt they were given help in at least one of the 16 areas assessed. In addition, many people identified that they had experienced positive change in all of the areas. There were four areas that individuals experienced the most change and improvement as shown in Table 5 on the next page.

CCRS Impact Map [Continued]:

Table 5: Most significant change

Most Significant Change	Mean Score
Learning where to turn to for help	3.69
Coping with problems	3.67
Feeling supported and cared about	3.63
Feeling hopeful and optimistic	3.50

When the 16 indicators were added together to make one measure of resilience, the mean score was 3.34, indicating that overall, the service participants who took the survey felt their resilience had improved a lot.

In response to the question ‘How do these changes make you feel?’ respondents spoke about feeling able to cope. They were happier, grateful and not so alone and anxious.

“ Really good. I think the girls got the kids some Christmas presents, which was pretty cool.

“ I feel good, because at least someone was here.

“ I was really grateful.

“ Made us feel good.

“ Good now. You don’t get over it. It’s just not that easy.

“ I feel like a stronger person. I’m organised, place is insured. I feel like I can cope.

“ A lot more settled. I could depend on people. I could trust people now that I couldn’t trust before.

“ I feel more in control of my life and happier.

“ I enjoy life more.

“ Confident.

“ I felt like I was not alone.

“ I feel better in myself and more positive.

“ I now attend friendship club and mix with people. I may have been evicted but now I have a nice home with support to continue to maintain it.

“ I feel more prepared and less stressed.

“ More confident.

“ I feel heaps better and can cope better.

“ I feel more confident and less anxious.

“ I feel more in control of emotions and stronger.

“ I would like to think that I can cope better. I know where to access information better. I would still need some support after another flood though.

CCRS Impact Map [Continued]:

Negative outcomes

Participants were asked if there were any negative outcomes as a result of CCRS and they all said “no”. It does not appear that any negative outcomes were observed or experienced by participants in the study.



CCRS Impact Map [Continued]:

Outcomes experienced by government

CCRS was provided funding by the Queensland Government Department of Communities, Child Safety and Disability Services as a result of CentacareCQ's local connections and reputation within the community and capacity to respond quickly.

The funding was provided to support members of the community who are directly or indirectly affected by the flood and reduce the long-term negative effects of natural disasters on individuals, families and communities. The government felt this was going to be best achieved by support, counselling and education.

The funding was also to build the capacity of service providers to provide relevant and effective services, with an emphasis on CentacareCQ being able to work collaboratively and collectively with other community organisations and agencies, government and non-government.

CentacareCQ did indeed provide the support, counselling and education needed by victims. They also helped people make claims to receive further government assistance that was made available as part of Australian Government Disaster Recovery Payments. These payments helped to pay for replacing essentials like food, clothing, medications and accommodation. Essential household contents grants of up to \$5120 were also available to eligible low-income families to help with the replacement or repair of uninsured, essential household contents.

CentacareCQ collected ongoing and regular data to ensure the aims of the funding were being met. Clients were asked to provide their feedback orally and also to complete feedback forms and surveys after events and workshops.

Below is information provided from the CCRS teams' monitoring reports on 14 November 2014 and 20 March 2015:

The number of counselling clients is increasing. They are being referred on to the workshops as part of the exit strategy. Information about other Centacare services is being provided. Excelsior club is going well (client numbers have tripled). Clients are really enjoying themselves at the friendship groups and are making friendships/connections and some have commenced interacting outside of Wednesdays. Mental Health First Aid was well attended. Clients are building independence and resilience – they are now able to engage in other community events.

Stakeholders are noticing improvements in their clients if they have referred them to CentacareCQ for support.

As a team, we have engaged several clients in small group activities (friendship group, walking group). It is surprising us how well they are interacting with each other, and encouraging each other to participate.

Workshops are building clients' resilience and coping capacity and confidence in pro-active decision-making. Participants from the workshops are commenting that they would wish to evacuate early if another flood event were to happen. They are advising that they would not want to go through that again, or be in an evacuation centre again. This is prompting participants to plan early and have an evacuation process in place. Clients are saying that they feel more in control.

CCRS Impact Map [Continued]:

Client feedback related to these outcomes include:

“ Thank you so much for what you do for me. I don’t know what to do, how to fill out these forms and I don’t understand this letter from the tax department.

“ The stories Annabelle told made me feel I was not alone. I really enjoyed engaging with other women – it’s not the usual thing for me.

“ I have a new baby. I was lonely and anxious and thought I was going mad. I was given support and linked into other help. I feel so much better and much more confident. I wish this service wasn’t finishing. Our community really needs it.

CentacareCQ did not collect data that conclusively reveals if there was less incidence of people accessing health services and hospitals. However, some feedback from service participants and staff provided anecdotal evidence that people were feeling happier and healthier.

“ Thank you for supporting me. My doctor asked me to see a psychologist and take anti-depressants, but I told him I have a counsellor from Centacare and would prefer your support at the moment.

A quote from staff report in November 2014 stated:

“ A GP told his client that he had not seen her so well in such a long time.

There is also no conclusive data available that lets us know whether CCRS directly reduced the number of people accessing income support from Centrelink. However, the assumption is made that if people were able to recover and feel emotionally ready to continue their work, or seek new work, this will have a positive effect on the amount of financial assistance victims will need and request.

This study did collect evidence about service participants’ increase in resilience. All the clients reported that they had increased their resilience. This is evidence that the CCRS has increased the future capacity of community wellbeing and resilience. Many of the clients who provided feedback were also able to confidently say that they would be better prepared and able to cope should they be a victim of a future natural disaster.

Participants state that they feel more in control over their own evacuation, and can now plan using the council’s flood mapping tools. Quote from staff report November 2014

CCRS Impact Map [Continued]:

CASE STUDY

Mary* was referred to CentacareCQ from the Flood Case Coordination meetings. Mary had been supported by the Combined Churches during the initial flood but needed further support due to poor mental health, grief and social isolation.

Although the flood destroyed some of Mary's home, she was insured and so after some refurbishment in mid-2014 Mary took in a male boarder. However, this man unexpectedly stole Mary's car and committed suicide in it. Mary found this tragedy difficult to cope with but initially she was hesitant to attend counselling. She met with a CCRS counsellor at a coffee shop with the Combined Churches chaplain who encouraged her to have counselling at home. During the counselling sessions, it was identified that Mary had unresolved grief from losing her mother 12 months before the flood, the loss of her home, belongings, and savings during the flood, and the grief of losing her friend unexpectedly. She was socially isolating herself and was not interacting within her community any more.

The CCRS counsellor encouraged Mary to attend the Flood R U OK Day morning tea, and she had a fantastic time. A follow-up morning tea was then planned which Mary also attended. She then attended The Excelsior Club, a collaborative project between CentacareCQ and Combined Churches. Mary had a fantastic time, and stated that it really surprised her how much fun she had, and how much she enjoyed interacting with other people.

At Christmas Mary was given an Adopt a Family hamper and encouraged to attend the CCRS Christmas lunch for victims of the flood. After Christmas, Mary attended the CentacareCQ Flood Recovery Mental Health First Aid training. This is when she acknowledged her grief and trauma for the first time. The training encouraged her to visit her doctor who prescribed antidepressants. She was also referred to a psychologist for ongoing grief and loss support.

Mary is still attending the Excelsior Club every week and she volunteers with the set-up and clean-up of the club. Mary also volunteers with another local program for women experiencing domestic violence. These social and volunteer experiences have empowered her and enabled her to form strong supportive friendships within the community.

**not her real name*

CCRS Impact Map [Continued]:

Outcomes experienced by CentacareCQ and other agencies

Whilst the funding for CCRS was provided to support and assist victims of the flood, the collaborative agency approach used by CentacareCQ also facilitated broader service system capacity building. This was achieved through extensive communication and strategic decision-making regarding the provision of community education and activities with other key service providers. In this way important alliances were developed between government and non-government organisations alike which informed effective collaborative approaches and community member outcomes.

These outcomes were achieved through CentacareCQ:

- communicating with other government and non-government organisations;
- partnering with other services to provide programs and events;
- referring to other services and receiving referrals from other services; and
- being an active member of the 'Case Coordination Group', which met fortnightly and achieved a strategic response to individuals and the community affected by the flood.

Below is information taken from the CCRS Monitoring Reports.

Due to the friendship club inviting guest speakers and community services, clients were recently introduced to a volunteer agency called AssistaSista that works closely with DV shelters to create 'havens' for the women in a new home before they move into it. Several clients expressed desire to volunteer in this, and are feeling empowered through volunteering and giving back to their community.

Alicia contacted Salvation Army, Red Cross, and Ergon Energy for disaster / community recovery books for children. Salvation Army agreed to post 200 books called feelings are ok for free. Red Cross and Ergon Energy advised that their children's books were downloadable from the internet.

Four community development events attended – Disaster Expo held at Bunnings Warehouse with Uniting Care Community, Salvation Army, & Combined Churches,

Australia Day event held in conjunction with Uniting Care Community and Bundaberg Regional Council to showcase the community conversation work, Prepared Project Expo held at Rosedale in conjunction with Gladstone Regional Council, Community Meeting to discuss Blaze Aid in Monto after Cyclone Marcia's impact.

Held Excelsior Club Morning Tea every Wednesday in collaboration with Combined Churches.

Help two 'Get Ready' Workshops in collaboration with Uniting Care Community. Held Community Conversations in North Bundaberg in collaboration with Uniting Care Community and Bundaberg Regional Council.

Attended the Australia Day event in collaboration with Uniting Care Community, Salvation Army and Bundaberg regional council.

CCRS attended a number of stakeholder meetings regularly including:

- Human and Social Disaster Recovery Meetings Bundaberg
- Community Recovery Case Coordination Meetings
- Community Resilience Action Group Meetings
- 'Prepared' Project Meetings (Baffle Creek / Rosedale / Lowmead regions)
- Community Recovery Partner Agency Strategic Meetings – Bundaberg.

CCRS Impact Map [Continued]:

To verify the outcomes described, an interview was conducted with another community organisation. The interview was a 60-minute conversation about the role of CCRS and how working in partnership with other services had assisted to make the coordination of support and services more strategic and effective.

The interview confirmed that CentacareCQ/CCRS had been an important and valued player at stakeholder meetings, events and programs. There had been good referral pathways developed and the communication between organisations had been effective and important in building strong alliances and relationships.

The interview also confirmed that the initial Case Coordination Meetings, which met fortnightly immediately after the flood, had continued for two years but then had transitioned to become the Community Resilience Group. Stakeholders valued these meetings so much and such important relationships had been developed that members of the group recognised the need to continue the meetings even though the focus was on long-term resilience and community development.

CentacareCQ has also provided evidence that their organisational capacity to achieve desired outcomes was improved. They conducted regular internal monitoring meetings, which supported the staff and management to reflect on the project and what it was achieving. They used these monitoring meetings to establish the achievements being made and where they had to manage their program to achieve improved outcomes.

“ *Each client is very different – all with very different issues, concerns, needs and goals. Each day is very different. Stakeholders are noticing improvements in their clients if they have referred them to CentacareCQ for support.* ”

Quote from staff report November 2014

Section 7: Valuing the Outcomes

By valuing social outcomes we aimed to produce a conservative estimate of the impact of CCRS. To achieve this, the impact map was reviewed which describes the stakeholder groups and the key outcomes they experienced. These outcomes were measured and confirmed by reviewing staff reports, and collecting data and feedback using personal interviews and a resiliency scale.

To place a monetary value on the outcomes identified by the stakeholders, research was conducted to explore the comparative cost of goods and services in the open market, the equivalent cost for the stakeholder to get a similar outcome, or what it would cost to correct the negative outcome.

Then, a range of financial proxies from publically available sources were identified and used in the calculations to create a ratio that describes how much social value (in \$) was created for every \$1 that was invested into delivering CCRS. This value does not account for all the outcomes that may have been achieved; however it does help to understand how social value is created when supporting victims after a natural disaster.

The current cost of health and welfare

The Australian Institute of Health and Welfare reports that in 2013–14, governments provided \$104.8 billion, or 67.8% of total health expenditure in Australia. Non-government funding for health was estimated at \$49.8 billion. This is a total of \$154,633 billion spent on health in Australia, with roughly 42% spent on primary health care and medical services and 8.6% on community health and health practitioners (Australian Institute of Health and Welfare, 2015).

The flow of money around the Australian healthcare system is complex and average recurrent health expenditure per person fluctuates from state to state for various reasons such as

differences in socioeconomic and demographic profiles. However, in 2013–14, estimated per person expenditure on health averaged \$6,248 (Australian Institute of Health and Welfare, 2015 p.24).

An estimated \$45.7 billion was spent on public hospitals in 2013–2014, with the average length of stay in hospital being 5.6 days in 2012–13 (Australian Institute of Health and Welfare, 2014a). Mental health services provided by the government range from hospital and specialised services to community services and programs. Over \$7.2 billion was spent on mental health-related services during 2011–12, the equivalent to approximately \$112.48 per person (Australian Institute of Health and Welfare, 2014b).

In addition to healthcare expenditure, the Australian Government also provides other support services for people with mental illness, including income support, housing assistance, and employment and training opportunities. Billions of additional dollars are also spent on a wide range of services, including accommodation, outreach to support people living in their own homes, residential rehabilitation units, recreational programs, self-help and mutual support groups, carer respite services and system-wide advocacy. These services are often provided by the non-government sector through charitable and non-profit organisations (Department of Health and Ageing, 2013).

There are of course also indirect costs associated with poor mental health to individuals and the community. Poor mental health has large economic impacts in other areas, including out of pocket personal expenses, carer/family costs, lost productivity, and costs to other non-government organisations. Australian and international cost-of-illness studies suggest that these costs are at least equal to, if not more than, total government healthcare expenditures (see Doran, 2013).

Valuing the Outcomes [Continued]:

Goldney et al. (2007) examined changes in depression, its management and associated excess costs, between 1998 and 2004 in South Australia. The authors used a face-to-face Health Omnibus Survey to calculate direct and indirect costs from a social perspective. The total excess cost was estimated to be \$9,751 for those with other depression, and \$17,593 per annum for those with major depression. These costs were personal costs such as loss of wages through days unable to work or days of reduced work, hospital costs and pharmaceutical costs. People with major depression were more than threefold as likely to have visited a GP compared with those with no depression, and 18-fold more likely to have visited a mental health professional, 6.6-fold more likely to have used a community health service, 5.5-fold more likely to have used another community health worker, 1.6-fold more likely to have visited an alternative health therapist, and 2.7-fold more likely to have used hospital services. The authors suggest that immediate economic gains can probably be made by simply raising the proportion of depressed individuals on treatment (Doran, 2013).

Another study by Schofield et al. (2011) found that over 60,00 people are not working due to depression and other mental health conditions. The study found that individuals aged 45 to 64 years who have retired early due to depression have 73% lower personal income than their full-time employed counterparts. The national aggregate cost to government due to early retirement from these conditions equated to \$278 million in lost income taxation revenue, \$407 million in additional transfer payments, and around \$1.7 billion in lost GDP in 2009 alone. The authors suggest that a multifaceted strategy is required to prevent the onset on mental health conditions, assist sufferers to manage their mental health conditions when it is occurring, and help individuals to remain integrated within society (Doran, 2013).

Australia's welfare system is a complex network of services, payments and providers. As might be expected, a system of such complexity and scale comes at a cost—in 2012–13, government

spending on welfare was an estimated \$136.5 billion (AIHW, 2015). The expenditure includes payments for specific populations such as families, veterans, carers and those with a disability, and the cost of welfare services and unemployment benefits for those who are unable to work, or need support services or accommodation.

Non-government organisations, particularly community service organisations/nonprofits, play an important part in delivering welfare services. Governments fund a large part of the services delivered by these organisations but they also charge for their services, and invest a lot of their own fundraising towards their community services and programs, probably more than \$10.6 billion in total annually (AIHW, 2015).

While many Australians are in good health, as the population ages there is likely to be more people living longer with mental health problems, more people developing these problems in old age, and more people with both chronic diseases and mental health concerns. This will continue to create a greater demand for welfare payments and services, notably the age pension, aged care, disability support, social housing and homelessness services, and employment services. In addition, indirect pressures arising from the changing geographic distribution of older Australians will impact on the accessibility of services—requiring additional resourcing, infrastructure and personnel to support the expanding cohort of older Australians (AIHW, 2013).

The data and expenditure on health and welfare sends a very clear message. The high cost of poor physical and mental health is a burden to the general population, infrastructure, services and the community as a whole. The physical, social and financial wellbeing of people is critical in preventing them from having to depend on the health and welfare system. Government and community organisations must work together to build the health and resilience of individuals, families and communities to better meet their own needs, giving them greater independence and thereby lessening the demand for health and welfare support.



Photo Phillip Weight / Bundaberg

Another cost specifically related to natural disasters is the cost of separation and divorce. In the immediate aftermath of a disaster, divorce rates tend to increase by 35% (Cohan & Cole, 2002). People are dealing with significant interruptions to every aspect of their daily routines, large economic stressors and increased risk of anxiety and depression, all of which are known to put stress on relationships. Friends and family also experience secondary trauma, whereby someone who has close contact with a victim of trauma can also experience a stress response that can put strain on close and marital relationships (Brom, Danieli, & Sills, 2005).

The Queensland divorce rates are currently 2.3 per 1000 annually (Queensland Treasury and Trade, 2014), and therefore a natural disaster could increase this to annual figure to 3.11, an extra .81 per 1000. With an estimated 5076 families living in the Bundaberg Region during the 2013 flood, it is highly likely that divorces could have increased by at least an extra 4-5 more divorces annually than normal.

The cost of family breakdown and divorce is not insignificant: it is estimated at costing the national economy more than \$14 billion a year in government assistance payments, court costs, administration of the child support system, and support payments to single parents, including family tax benefits and rent assistance (Wilson & Cornish, 2014). Former Social Services Minister Kevin Andrews estimated that these figures mean each divorce costs taxpayers at least \$100,000 (Mitchell, 2014). This of course does not include the long-term financial cost to the family itself, as there is a significant decline in income for people who separate (Teachman & Paasch, 1994).

Separation and divorce can have long-term consequences for children in the family. Divorce is a cumulative experience for a child and its impact increases over time. Developmental, educational, mental and financial impacts have all been documented. For example, reduced

material resources and self-esteem following parental separation can reduce the opportunities for a child to participate in social and educational activities and can increase the chances of the child living in a low-income family (Funder & Kinsella, 1991).

Using financial proxies

This study determined that there were a number of appropriate financial proxies that could help value the outcomes.

It was predicted that without CCRS many of the service participants would have experienced increased poor mental health and illness. Some people would have had to have taken more time off work, or needed extra counselling or medication to assist with the trauma and depression that many people experienced. In this study, we estimated that around 60 people would not have been able to recover as quickly without CCRS. Therefore we use the direct and indirect costs of poor mental health as reported by Goldney et al. (2007) as a financial proxy to estimate what CCRS saved the community. Goldney's research was conducted in 2004, so the average rate of inflation since then was added to increase the costs from \$9,751 per person to \$12,803.06.

It was estimated that without CCRS, participants would have had at least three extra visits to the doctor in relation to poor physical and mental health. The cost to the government of a Level B standard consult was used in the calculation at a cost of \$71.70 per visit (Department of Health, n.d).

Many of the service participants stated that they had increased their knowledge and skills regarding mental health and coping. Therefore we estimated that this would have been the equivalent to completing a Mental Health First Aid Course, which is provided to persons developing a mental health problem, or members of the public who are living or working with a person experiencing a mental health crisis.

Valuing the Outcomes [Continued]:

It was predicted that without CCRS there was a high likelihood that around 20 participants on the service would have needed to stay in hospital due to poor physical or mental health. While some would have had long and some shorter stays, the average hospital stay of 5.6 days was used to determine how much CCRS might have saved the government in public health costs.

The interviews identified that service participants felt that the support, counselling and advice had helped them maintain their relationships with friends and family. Crisis and stress, especially financial stress, is known to increase family breakdown and the incidence of divorce so it is highly likely that there could have been a higher rate of divorce than usual due to the stress and trauma experienced by residents. In light of this, this study predicts that CCRS saved five families from separating or divorcing, saving the government on average up to \$100,000 per divorce.

There were clients who received physical injuries and disabilities due to the disaster, and were already vulnerable. Participants spoke about being able to recover faster and better because of the psycho-social support provided by CCRS. It is likely that the service saved at least 20 people from having to enter residential aged care prematurely, a significant saving of around \$1,862,800 to government in one year.

The last financial proxy identified and used in this analysis was a reduction in the cost of public service employees. This proxy was used because the government grant was provided to increase the effectiveness and efficiency of community service providers so they could more readily and competently respond to community needs. The evidence shows this did occur with over 20 agencies and organisations working with CentacareCQ to improve referral pathways and develop social and educational workshops and events for the community. Without this capacity to communicate with other service providers, respond quickly to community needs and provide a range of programs to engage families, it is highly likely that there would have been an increased requirement for the government to respond with their own resources. Therefore, it was predicted that CCRS saved the state government at least \$147,993. This proxy was calculated by determining the average wage for two Queensland public servant employees over one year (ABS, 2015).

What was not included or valued

There were many other potential savings that were not included in this valuation. These were the savings CCRS helped to achieve related to:

- Supporting people to volunteer – people helping friends, family and neighbours.
- Supporting people back to work or to retain their employment.
- Supporting people with disabilities stay out of hospital or live independently.
- Assisting people when they might have increased their use of drugs, alcohol and medications.
- Supporting people so they didn't have to claim Centrelink and welfare payments due to the disaster.
- The prevention of suicide and avoidance of the related economic and social costs of suicide.

Valuing the Outcomes [Continued]:

Table 6: Financial proxies used to value the outcomes

Outcomes for stakeholder 1: Service participants					
Indicator	Financial proxy used	Source	Calculation	How many	
Increased knowledge and skills regarding mental health	Cost of Mental Health First Aid Course (1 course)	Mental Health Station (n.d)	\$225.00 per person	342	
	3 Level C standard consults	Medicare Benefits Schedule (Department of Health, n.d)	\$215.10 per person	342	
	5.6 days – the average hospital stay	Australian Institute of Health and Welfare (2014a)	\$6,056.87 per hospital stay	20	
Improved mental health and resilience and confidence to cope with change	Cost of mental health direct and indirect costs	Goldney et al. (2007) in 2004 with rate of inflation added	\$12,803.06 per person	60	
Strengthened family and friendship relationships, ability to support each other	Cost of family breakdown, separation or divorce	Mitchell (2014)	\$100,000 per couple	5	
Outcomes for stakeholder 2: Government Funder & stakeholder 3: CentacareCQ and other community agencies					
Decreased chance of service participants entering residential aged care prematurely	Cost of 1 year of aged care residential service	Ansell, Davey, and Vu (2012) with rate of inflation added	\$51,288 per person per annum	20	
Increased referrals to community services rather than government assistance. Increased partnerships and efficiency in responding to community needs	Reduction in cost spent on two public service employees	ABS (2015)	\$73,996 for one year	2	

Section 8: The Calculation to Assess the Value of the Outcomes

Feedback from stakeholders was assessed to determine the key outcomes. Financial proxies were then used to estimate the value of these outcomes. These are proxies that give us some idea about the cost to the government of poor physical and mental health costs.

It was predicted:

- CCRS gave all beneficiaries the value of a mental health first aid course and reduced their likelihood of visiting the doctor by three times.
- CCRS saved 60 people from poor mental health and all the direct and indirect costs associated with anxiety and depression.
- At least 20 elderly clients were prevented from entering residential aged care by at least one year.
- The cost of two public servant salaries was saved due to CentacareCQ and the community sector being able to respond more strategically and collaboratively.
- The practical and emotional support provided by CCRS helped to prevent five divorces.

A conservative valuation of 1:2.83 has been calculated. This was found by calculating what was invested into the project by the funder, divided by the estimated value of the outcomes. This means that for every dollar that was invested into CCRS, there was at least \$2.83 worth of social value generated.

Total value of the investment (\$1,984,486) divided by the actual investment (\$700,000)
= 1:2.83

As there were many outcomes that have not been valued in this calculation, it is believed this is conservative and only represents a portion of the value that was created.

Also, filters such as deadweight, displacement and attribution have not been included in the calculation. More research is needed to consider these questions in order to make a more accurate claim of the full social return on investment of CCRS.

Section 9: Discussion & Recommendations

The main learnings that emerged from the study

To reduce the economic and social costs of natural disasters, it is important to respond holistically to people's practical, physical and psychosocial needs, which can change over time after a natural disaster.

Individuals and communities who live in disaster-prone areas need support to build resilience before a disaster, as when a disaster occurs their resilience depicts how people respond, and the speed at which people recover and rebuild their lives.

Providing support to victims of natural disasters offers a significant social and economic benefit to funders and individuals. CCRS was a good investment.

It is important to include and embed a Social Impact Value methodology into disaster management and resilience-building projects to better understand the outcomes and value of services and to make more informed decisions about policy and practice.

CentacareCQ has a long history of working in Central Queensland, and therefore they already had a well-respected and established relationship with the community when the natural disaster struck in 2013. With funding provided by the State Government, the organisation was able to respond quickly and strategically. They employed a team of counsellors and community workers to meet the practical and emotional needs of victims who were flooded, traumatised and homeless.

This study has confirmed the negative impact flooding can have on individuals, families and communities. Residents reported similar experiences to other flooding events around the world such as the need for both emotional and practical support. They reported worry, stress, fear, loss and shock. They also reported grief, depression, panic attacks and uncharacteristic behaviours due to the trauma. Many people spoke about the isolation they experienced or fear of going out after the flood, which exacerbated their sense of feeling cut off from the community and friends.

The interviews for this study were conducted two years after the flood when most people were still in the process of recovery. This is evidence that natural disasters have long-reaching effects and support for victims needs to continue for years after the event. It takes time for people who have experienced trauma, homelessness and a financial crisis to rebuild their lives, learn to cope and ask for support.

The study has illustrated the confronting struggles victims of the flood had to deal with practically, physically and emotionally. These struggles affected every area of their lives and to respond appropriately CentacareCQ and the other community services in the region had to take a holistic response and work effectively together. CCRS played a significant and valued role; they worked collaboratively and went above and beyond the funding objectives to ensure that people felt heard, supported and cared for. It was critical that the funding agreement was flexible to allow the project workers to respond to a range of needs.



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Allowing CCRS to be a community-driven process enabled the outcomes for stakeholders to be positive and effective. Therefore, it is recommended that future funding for services provided after a disaster is flexible and enables the service to respond to the changing needs of the community over a period of two to five years. Victims of natural disasters need time to recover and rebuild their lives and this can take many years.

The study also illustrated the importance of personal and community resilience. The literature confirms that resilience depicts how people respond to a crisis, and how quickly they can recover and rebuild their lives. Without resilience victims of the flood were more at risk of poor physical and mental health, divorce and suicide. The study gained evidence that CCRS was able to build the resilience of victims by providing support after the flood; however it is suggested that greater levels of resilience are needed to lessen the overall negative impacts of a disaster.

General resilience — the capacity of social-ecological systems and people to adapt or transform in response to unfamiliar or unknown shocks—is essential for sustainability in the face of extreme events (Carpenter et al., 2012). Research has already found that resilience helps shape management and governance decisions and the capacity to organise and respond. It builds trust, social networks, attitudes and strength to overcome diversity.

Resilience is needed to regain the health and wellbeing of the environment, and the economic and social structures and systems within the community. It reduces the cost of a disaster as people are able to get back to living and working productively as quickly as possible. It gives the government and people an increased capacity to prepare for and respond to the next event

(Carpenter, et al., 2012; Ebi, 2011). Resilience reduces the strain on government and community health and welfare services and promotes proactive planning and provision of services. This provides organisations with the capacity to avoid or minimise their costs and maintain sustainability (Linnenluecke & Griffiths, 2010).

It is recommended that the government and community continue to fund resilience and capacity-building programs and services so that personal and community resilience is increased before the next natural disaster in Queensland.

This study found that for every \$1 invested in CCRS at least \$2.83 of value was achieved, but this only represents a portion of the value that was created. This means providing support to victims of natural disasters offers a significant social and economic benefit to funders and individuals. The funding for CCRS was not considered large, but it was a good investment due to the ability to achieve outcomes for the key stakeholders. This study found evidence that service participants increased their mental health, connectedness and resilience, and that they were able to reduce their isolation and use of public health and welfare services. The funding also enabled CentacareCQ to work collaboratively with other service providers and play a valuable role in the community disaster management approach. The positive reputation of community organisations has been maintained, increasing the likelihood that individuals will reach out for support in the future.

It is recommended that the government, philanthropic and corporate investors all invest in services for individuals and communities before and after natural disasters so that related costs to individuals, businesses, government and economy are reduced. It is also recommended that the investment is made into local organisations that have already built trust and relationships with the local community, who understand their needs and can respond effectively.

Discussion & Recommendations [Continued]:

By conducting this study, CentacareCQ has demonstrated its commitment to transparent reporting and continuous improvement. The organisation recognises that much better evidence about outcomes is needed so that scarce resources can be spent on the most effective and efficient services, interventions and policies.

While mapping and measuring social outcomes has traditionally been difficult and not considered a valuable exercise, CentacareCQ has demonstrated that they believe this is a critical process so that they can become more strategic, share good practice, and demonstrate the return on investment to investors and supporters.

Natural disasters and extreme weather events are unfortunately a regular occurrence in Australia, especially Queensland. Traditional analyses and evaluations typically focus on the economic costs of disasters and disaster management, and a review of the literature found no evidence that

a Social Return on Investment has ever been completed in Australia. This means the significant costs of social impacts, and the benefits that can be gained from providing social support and services, has never been thoroughly considered or researched. Therefore, it is recommended that government and community service providers include and embed a Social Impact Value methodology into disaster management and resilience-building projects to better understand the outcomes and value of interventions and services.

With more clarity and evidence about the outcomes achieved, the social impact of interventions and the value gained by providing community services, more accurate and detailed analysis can be achieved. This will help investors and organisations make more informed decisions, and create better social systems and policies for regions that are susceptible to natural disasters.

Recommendations

1. Future funding for services provided after a disaster should be flexible and enable the service to respond to the changing needs of the community over a period of two to five years.
2. Funding should be provided to continue to develop resilience and capacity building programs and services so that personal and community resilience is increased before the next natural disaster in Queensland.
3. Government, philanthropic and corporate investors should invest in services for individuals and communities before and after natural disasters so that related costs to individuals, businesses, government and economy are reduced.
4. Service providers should include and embed a Social Impact Value Methodology into disaster management and resilience-building projects to better understand the social outcomes and value of interventions and services.
5. Organisations should use social accounting principles to continuously improve their services, remain accountable, make more informed decisions and create better social systems and policies for regions that are susceptible to natural disasters.

Section 10: References

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Notes



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