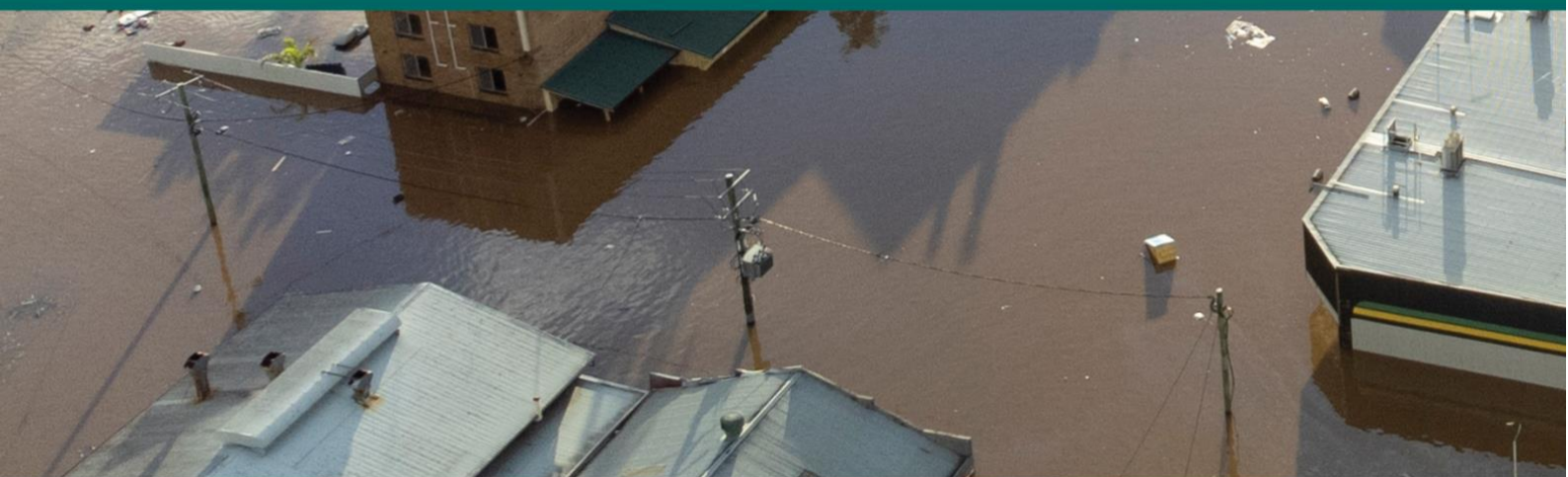




# Community Wellbeing and Resilience Program

## Flood Recovery Grants 2022-2024 Evaluation Report

October 2025



# Acknowledgements

Healthy North Coast acknowledges the Traditional Custodians of the lands across our region, and pays our respects to Elders past, present and on their journey. We also acknowledge the Traditional Custodians of the lands upon which this report was written, the Wurundjeri peoples of the Kulin Nation. We recognise these lands were never ceded and acknowledge the continuation of culture and connection to the land, sky and sea. We acknowledge Aboriginal Peoples as the Land's first peoples and honour the rich diversity of the oldest living cultures.

We would like to extend our appreciation to the participants in this evaluation, for sharing their feedback and stories with us.



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# Community Wellbeing and Resilience Program

Healthy North Coast have supported community resilience and disaster recovery and preparedness through funding a number of specific services, programs and training after the 2022 floods<sup>1</sup>. The Community Wellbeing and Resilience Program is one part of Healthy North Coast activities, intended to provide support to local organisations for community-based activities that enable communities to heal, build resilience and thrive.

The Community Wellbeing and Resilience program funds community-led, place-based initiatives that supports communities to recover from the health and wellbeing impacts of disasters and build their capacity to face future compounding challenges.

The program has provided three rounds of grant funding since 2021, including:

- 2021-23 Bushfire Recovery grants supported ten local initiatives with \$2 million in funding, focused on social and community connection, preparedness and response capability, partnerships and coordination, environmental connection and cultural connection.
- 2022-24 Flood Recovery grants supported 13 local initiatives with over \$3 million in funding, focused on social and community connection, cultural connection, trauma-based education and social and emotional wellbeing.
- 2024-26 grants supporting three organisations to deliver community-based projects with \$1 million in funding.



This photo includes Lifeline Community Advocate Carmel (front row far left) with representatives from Resilient Lismore. Photo courtesy of Lifeline Direct.

<sup>1</sup> See Healthy North Coast Northern Rivers Primary Care 2022 Flood Reflections [Northern-Rivers-Primary-Care-2022-Flood-Reflections-FINAL.pdf](#)

# The flood event of 2022

In February 2022, there was severe flooding across the North Coast region. This was followed by a second major flood in March 2022. While the region is known to sit on one of Australia's most active floodplains<sup>2</sup>, the National Emergency Management Agency (NEMA) described the floods as one of the most devastating in the nation's recent history<sup>3</sup>. Seven local government areas (LGA) were affected, with towns including Lismore, Broadwater, Coraki and Woodburn experiencing significant impacts. Thirteen people died and 4,055 properties were declared uninhabitable, with a further 10,849 properties sustaining damage<sup>4</sup>. Infrastructure including telecommunications, roads, bridges, water and sewage works were damaged or destroyed<sup>5</sup> and in some cases fuel, groceries, electricity and internet were not available for weeks.<sup>6</sup>

Informal community groups, local organisations, state and national governments and national organisations provided support to the region during this time. The Northern Rivers Community Foundation (NRCF) have highlighted local community organisations as vital in the immediate response and recovery efforts. NRCF reported that many local organisations were overwhelmed, with some transforming into disaster hubs to meet urgent needs such as shelter, food, and mental health support<sup>7</sup>. Resources and capacity for these community organisations came from a variety of sources including donations, in-kind support, volunteers, accessing government or philanthropic funding, or community grants.

Despite large investments, recovery efforts are ongoing. NRCF have reported that as of November 2024, 724 flood-affected households were still on the waitlist for temporary housing, with the demand unlikely to be met<sup>8</sup>. According to research by the NRCF a range of foundational needs remain across the communities.

***“The thematic analysis of needs in the Northern Rivers post-2022 disaster reveals a complex landscape of intertwined challenges. Addressing these needs requires a multi-faceted approach that tackles housing insecurity, fosters social connection, prioritises mental health, empowers marginalised groups and builds long-term resilience.”<sup>9</sup>***

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<sup>2</sup> Regional Development Australia – Northern Rivers, Regional Economic Development Recovery Plan

<sup>3</sup> 2022 Flood Reflections, Northern Rivers Primary Care, November 2024

<sup>4</sup> Audit Office of NSW: Flood Housing Response Performance Audit February 2024

<sup>5</sup> Flood Impact: research, respond, recover, NRCF, July 2022.

<sup>6</sup> 2022 Flood Reflections, Northern Rivers Primary Care, November 2024

<sup>7</sup> Flood Impact: research, respond, recover, NRCF, July 2022.

<sup>8</sup> Flood Impact: research, respond, recover, NRCF, July 2022, citing Audit Office of NSW: Flood Housing Response Performance Audit February 2024

<sup>9</sup> “Thematic Analysis of needs in the Northern Rivers Post-2022 Disaster: a tapestry of resilience and vulnerability”, NRCF, January 2024. [Thematic Analysis of Needs in the Northern Rivers Post-2022 Disaster: A Tapestry of Resilience and Vulnerability | Northern Rivers Community Foundation](#)

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# Flood Recovery Projects

In response to the flood event at the start of 2022, Healthy North Coast received funding from the NSW Government to provide grants to 13 community-based projects to support individuals and communities in their recovery. The funding was provided with a 2-year agreement under the 2022 Mental Health and Wellbeing Flood Recovery Package in North Coast NSW. The key aims were to improve wellbeing and recovery from the impacts of flood event and build individual and community resilience to meet the challenges of future natural disasters. The program was designed to reach communities across the Local Government Areas of Ballina, Byron, Clarence Valley, Kyogle, Lismore, Richmond Valley and Tweed.

The projects are listed below.

## **ACON Health**

\$199,980

2 years

The ACON Recovery and Resilience Service delivered inclusive, trauma-informed, and person-centred counselling, care coordination, and workshops to LGBTQ+ people and people living with HIV impacted by the 2022 floods.

## **Lifeline Direct**

\$193,205

1 year

The Community Wellbeing and Resilience Project trained community advocates to deliver low intensity mental health interventions and trauma-based education in locations impacted by the 2022 floods.

## **GROW**

\$348,088

2 years

The Get Growing Youth Program delivered a 10-week group-based peer program for young people in schools. The program was facilitated by Youth Workers and delivered in flood affected areas.

## **MacKillop Institute**

\$288,000

1 year

Training was provided to community members and professionals in the Seasons for Growth and Stormbirds programs to build their capacity to improve the wellbeing of children and young people after a disaster.

## **Human Nature Adventure Therapy**

\$200,000

1 year

The Activ8 Recovery Program provided adventure therapy, mentoring and counselling for young people aged 14 - 18 impacted by the 2022 floods. Young people were paired with a mental health professional to process trauma, learn mental health strategies and achieve their goals.

## **Murwillumbah Community Centre**

\$334,885

2 years

The Community Recovery and Resilience project supported the recovery of the Murwillumbah community through the deliver of case coordination, community recovery conversations, cultural healing and trauma-based education programs.

**Northern Rivers Community  
Healing Hub**

\$397,150

2 years

The Healing Hub (auspiced by Rekindling the Spirit) provided healing, cultural connection and trauma-based education, support services and outreach to Aboriginal peoples who were impacted by the 2022 floods.

**Northern Rivers Women and  
Children's Service**

\$175,224

2+ years

The Shark Cage for Young Women delivered a trauma-informed, psychoeducational program to support female school students understand their rights, gender-based violence and healthy relationships.

**Resilient Lismore**

\$398,185

2 years

The Above Water project provided low intensity interventions for tailored psychological and wellbeing support, community workshops and skills-building, training for a disaster recovery workforce and coordination of recovery efforts.

**Resilient Uki**

\$152,450

1+ year

The Uki Neighbourhoods Project built a network of trained community leaders to support neighbourhoods to strengthen connectivity, develop psychological resilience and actively participate in their recovery process following natural disasters or emergencies.

**Pysch Speak**

\$193,205

1 year

The Trauma and Resilience Older persons program provided training for aged care staff around trauma and resilience training programs for aged care staff working with older people in their homes.

**The Returning Indigenous  
Corporation**

\$200,000

1 year

The Leading the Way provided a series of cultural connection retreats, an Indigenous Knowledge Hub and a podcast series.

**Wardell Community Organised  
Resilience Effort (CORE)**

\$391,100

2 years

The Wardell Wellness and Resilience Program provided coordinated case management and mental health outreach to the Wardell community and surrounding villages. The program also delivered trauma-informed community engagement activities, provided a platform for peer-to-peer mental health support and workshops to upskill the community.

# About this report

This report presents the findings of an evaluation of the 2022-2024 flood recovery projects.

The evaluation was commissioned by Healthy North Coast to build evidence and share learnings across the Community Wellbeing and Resilience Program and to inform future funding approaches across the North Coast region. This work is increasingly important with a rise in extreme weather events and continued impacts on communities.

This report will inform a Roadmap for future iterations of the program, as well as a subsequent evaluation of the current projects funded between 2024-26.

## The Evaluation

Synergistiq was engaged as an evaluation partner to tell the story of the program over time. The scope of the evaluation includes providing:

- insights into the appropriateness, effectiveness, outcomes and impact of the program overall and the individual funded projects
- increased knowledge to strengthen community wellbeing and resilience activities
- measurement of shared project outcomes that are appropriate and meaningful to the communities
- an opportunity for funded projects to share their experiences.

Established in 1990, Synergistiq is an independent boutique consultancy firm, specialising in evaluation and program management. We seek to contribute to an Australia where everyone has equitable access to opportunity to reach their potential. Our work is guided by our values of collaboration, community, and learning, and underpinned by respect, ethics, reflection, and the courage to speak with integrity, even when challenging.

Working collaboratively with Healthy North Coast our evaluation project has four key stages:

### STAGE 1:

Developing a program logic and evaluation plan for the Community Wellbeing and Resilience Program.

### STAGE 2:

An evaluation of the Flood Recovery Projects 2022-24. Concluding with this Evaluation Report.

### STAGE 3:

A Roadmap for the ongoing development of the program and evaluation.

### STAGE 4:

An evaluation of the projects for 2024-26.

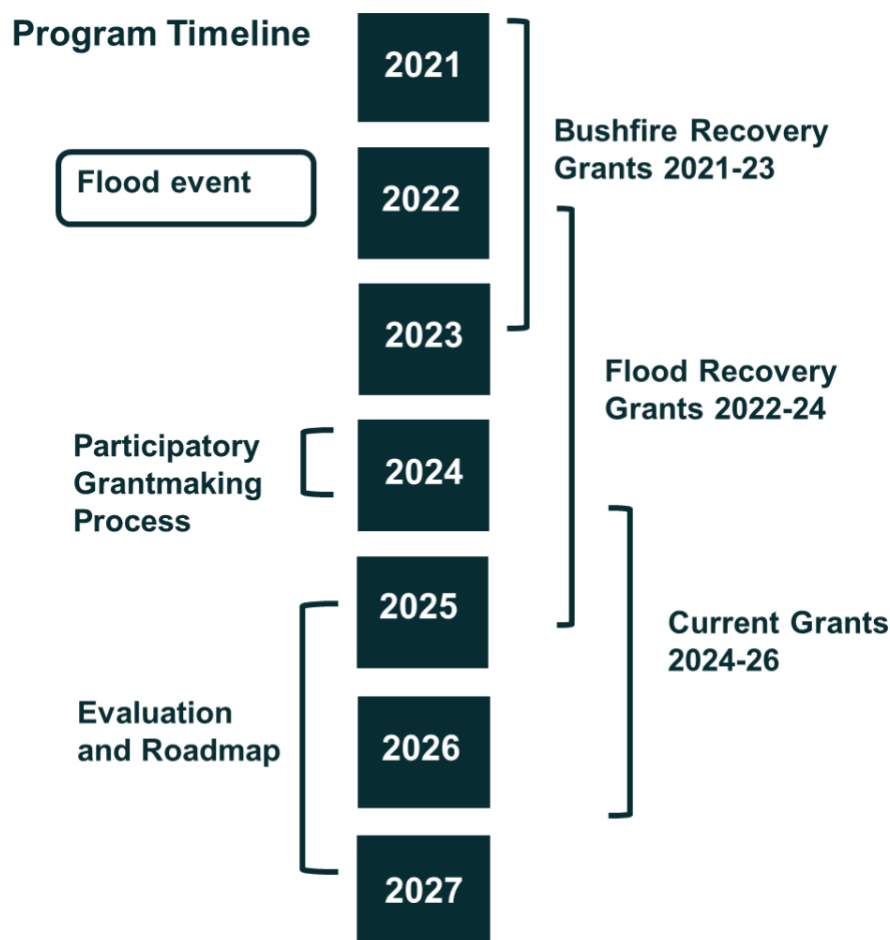
# Evaluation Methodology

The evaluation is guided by key evaluation questions developed in collaboration with Healthy North Coast. The overarching questions include:

1. To what extent does the program and projects align to the needs of the North Coast region?
2. To what extent has the program been delivered as planned?
3. To what extent have funded projects met the intended objectives, collectively and individually?
4. To what extent has the program provided value and had a positive impact?
5. What have we learnt to inform future initiatives?

The data collection for this STAGE 2 evaluation report included interviews with Healthy North Coast staff and 12 of the 13 flood recovery grant recipients, as well as a review of the program documents and project reporting, and relevant research and reports. In Appendix 1 there is a more detailed table of the sub questions and each data source for this report and in Appendix 2 details of the methodology.

The evaluation timing alongside the program delivery is shown below.





Human Nature’s one-to-one sessions take therapy outdoors, creating space for trust, reflection, and real change. Photo by Phil Gallagher, with models posing as a worker and participant to uphold confidentiality.

## Program Logic

To establish a deeper understanding of the intentions behind the Community Wellbeing and Resilience program, a program logic was developed at the outset of this evaluation in 2025. This is a conceptual map of the program, including the activities, intended outcomes and impact and how the program intends to achieve change.

Several key beliefs underpin this program logic, including that:

- a partnership approach to commissioning initiatives can provide targeted and flexible support that enables initiatives to succeed, be collaborative and innovate
- investment is needed in community-development initiatives that provide preparedness and resilience building activities, alongside the existing crisis and clinical support services
- investment is needed for reaching marginalised groups, those that may be vulnerable to natural disasters and those that may have been missed in the recovery efforts
- local community-based organisations have valuable knowledge and skills to determine what their community needs, build connections and sustain efforts towards a thriving community.

This evaluation explored the links between the outcomes of the flood recovery projects and the intended program outcomes and the broader impacts of the program logic. However, it is important to note that this logic was not designed for these projects, but was developed after their completion to understand the current conceptualisation of the program.

# Healthy North Coast Community Wellbeing and Resilience (CWR) Program

CWR contributes to the PHN Performance Framework and HNC Strategic Outcomes and aligns with HNC's overarching reporting frameworks

## CWR Program Impact

Local organisations supported to work in a way that supports the social and emotional health and wellbeing of the community, with a focus on diversity and inclusion

Organisations are better able to listen to, design programs with, and meet the needs of those in the community

The learning from the projects informs HNC strategy and influences other key stakeholders in the region and beyond

The North Coast Region has increased interconnectedness, adaptive capacity and sustained support for the most in need

## CWR Program Outcomes of funded project activities

Increase in the ability of communities to prepare for, access support and resources, and support others during and after a disaster

Increase in community health and wellbeing outcomes

Increase in the community sense of connection and belonging and hope for the future

Increase in the capacity of local organisations and community groups to identify, adapt and respond to community needs

## CWR Program Activities

Investment in preparedness and resilience building community development programs, that are place-based, community-led and responsive

Capacity building support for local organisations and contributions to local and regional research

Collaborative commissioning and development practice with local social sector

Alignment and contribution to the HNC Strategy and RAP

## CWR Program Objectives support

Community wellbeing

Partnerships within social sector

Climate resilience

Local knowledge and skill

Social and cultural connections

# Key Findings

The 13 flood recovery projects funded by Healthy North Coast provided critical support after the flood event of 2022. The investment has made an important contribution to supporting the North Coast region by building community capacity, connections and mental health and wellbeing.

## Projects met a need

**The projects provided support for community members who were struggling to meet their basic needs** such as food, housing, and goods, as well as support for their mental health and wellbeing. This included reaching out to people in isolation, those who would not normally seek help, smaller communities and to those with specific needs. The projects also focused on support for those disproportionately impacted such as young people, older people, LGBTIQ communities, and Aboriginal peoples.

## Outcomes for community

**Many organisations, staff and volunteers provided substantial support to the communities**, whilst also supporting their own social circles that were flood-affected and contributing to broader efforts and discussions in the community. The workshops and training, networks and healing provided by the projects created a sense of comradery, space and time to reflect, and skills for supporting others and themselves.

The projects provided support and resources to meet individual needs and improve mental health and wellbeing, and connected people together through events, informal gatherings and meals, creative pursuits, community planning and discussions. For some projects, this has continued through peer support networks and networks beyond the project.

## Recovery continues

**A high need continues across the North Coast region.** The projects shared the ongoing difficulties in their communities: ensuring people have their basic needs met, rebuilding a sense of community identity and cohesion, reaching those in need, and having the necessary supports accessible when the mental health system is overwhelmed.

## Signs of change

**There are signs that important changes for disaster preparedness have been established.** For example, the projects reported that the communities were better prepared when they received the warnings of the potential impact of Ex-Tropical Cyclone Alfred in February of 2025.

These projects have provided essential support in a time of crisis for communities impacted by previous disasters and COVID-19, which had weakened social connections and community cohesion. To enable these communities to thrive, long-term support will be required.

# Improvements

## To Date

Healthy North Coast have made changes in the current funding round in response to feedback from the 13 projects, including:

- providing longer project timeframes
- simplified reporting
- larger funding amounts per project.

To further refine the program, suggestions from projects included:

- clearer funding criteria around community resilience
- providing funding based on demonstrated community need and project success
- providing smaller ongoing amounts of funding to sustain project outcomes or cover some of the costs of running a community-based enterprise
- reporting and evaluation systems that match and contribute to existing processes and enable community input. A simple application, reporting and evaluation system was seen as important in the early days of a crisis and for smaller organisations.

## Community Resilience

A number of projects reflected that the flood grants focused on mental health crisis response and individual level change, rather than community-level resilience. There is an opportunity in the next phase of this evaluation project to develop a conceptual framework and program logic that outlines how the program will strengthen the adaptive capacity of communities to support community resilience.

The projects suggested strengthening community resilience by increasing community capacity building, maintaining connections, and increasing local control, decision-making and communication to government entities. This included comments around the need to involve young people in decision-making, design of projects and evaluation, as well as provide them with opportunities for leadership.

The risk of disaster fatigue and burnout of staff was also highlighted, with important aspects seen as compassionate employers, training and support for self-care and setting boundaries, as well as practical resources for disaster preparedness. The phases of a disaster were also seen as important for directing project activities.

## Sustainability of outcomes

A key area for improvement is providing meaningful ways for community members to continue connections and build relationships beyond the projects. This could strengthen the sustainability of the outcomes and build on the important work the projects achieved, to move beyond recovery and towards disaster resilience.

For some projects, the knowledge, skills and networks developed will carry on beyond the project funding. Some projects found it difficult to provide mechanisms to continue the outcomes of the projects in the timeframe and with heavy demand for the services.

# Project Activities

A strength of the projects funded by the Community Wellbeing and Resilience program was the diversity of activities design to meet local needs. The activities have supported community resilience and wellbeing in a range of ways, such as providing emergency supplies, food provision, social activities, and addressing mental health issues and trauma. There were a range of low intensity supports provided, as well as intensive support to those that were missed by other services.

## Key Project Activities

- Support for mental health and wellbeing for community members, workers and volunteers
- Resources and practical support for communities to better prepare for disasters
- Support for disengaged and hard to reach community members, as well as groups with specific needs, experiences or vulnerabilities
- Training and workshops in community mental health and trauma
- Community planning to prepare for future disasters
- Community gathering and connection activities
- Interagency connections, discussions and coordination

The analysis of the projects delivered shows that varied community support is required alongside crisis response work. This included:

- practical ways to bring people together, experience joy and provide support (community events and meals, group activities)
- support especially for marginalised groups, those who may be isolated or with specific vulnerabilities (Aboriginal peoples, LGBTIQ, young people, older people)
- workforce support and training (provision of disaster response kits, trauma-informed practices and training in supporting those in a disaster)
- approaches and therapeutic modes that are trauma-informed, gentle and focus on stress reduction and emotional regulation (body work, art-based, nature-based, workshops, group sessions)
- providing more intensive mental health treatment options where required and/or referral pathways to support those with more complex needs.

The Health Needs Assessment<sup>10</sup>, project reports and interviewees highlighted the ongoing needs across the communities of the North Coast region. This included basic needs (housing, childcare, food and financial support), mental health and wellbeing, community cohesion, low mental health literacy, providing outreach and alternative approaches to reach disengaged community members, as well as addressing barriers such as travel and cost of services and workforce shortages.

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<sup>10</sup> Healthy North Coast 2025-2028 Health Needs Assessment, [Health Needs Assessment - Data Findings 2025 - 2028 | Healthy North Coast](#)

## Activities and Reach as reported by Healthy North Coast

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**38,873 Total Participation** *(An individual may have participated more than once)*

**29,987** General/community participants (events/outreach)

**8,293** Registered programs and 1:1 support participants

**593** School and young people participants

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### Activities

**27,612** Occasions of service

**3,079** Aboriginal-led trauma-informed, culturally grounded activities (yarning, weaving, bodywork, art, and ceremony led by Aboriginal practitioners)

**1,595** People trained in mental health skills

**882** Workshops and sessions held

**700** Number of warm referrals

**144** Yarning groups (recurring and/or one-off gatherings)

**55** Media coverage and social stories published

**38** Community leaders recruited and trained

**18** Practice/knowledge produces produced and distributed

**15** Co-designed health and wellbeing activities delivered

**13** Podcast episodes produced and published

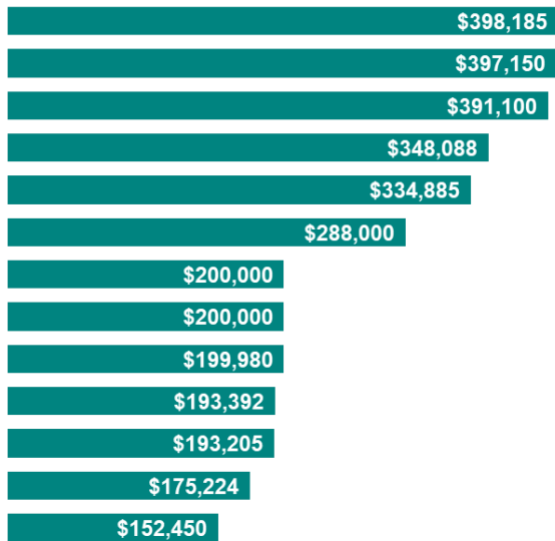
**2** Digital training packages developed and delivered

**2** Indigenous Knowledge Hub publications

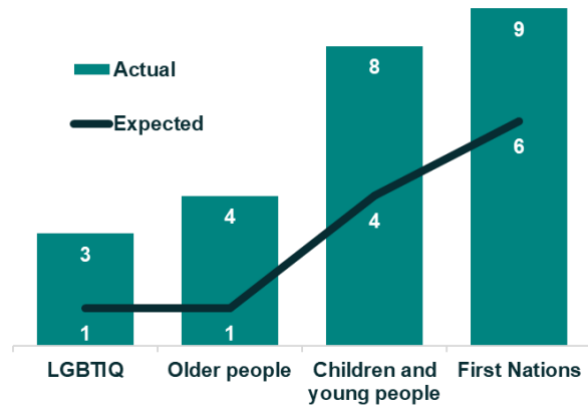
**1** Trauma-informed onboarding kit developed

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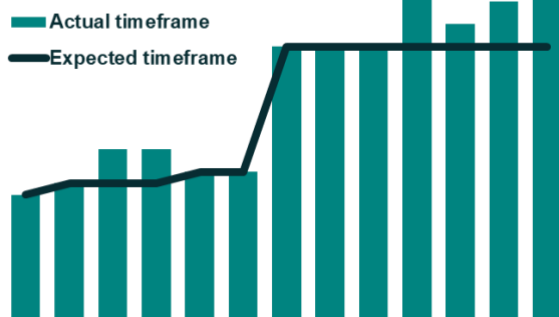
### Funding of the 13 projects



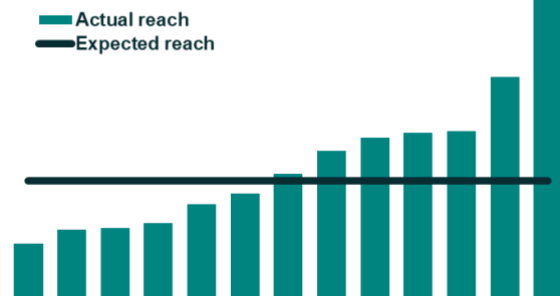
### Many of the projects refocused to reach specific groups during delivery



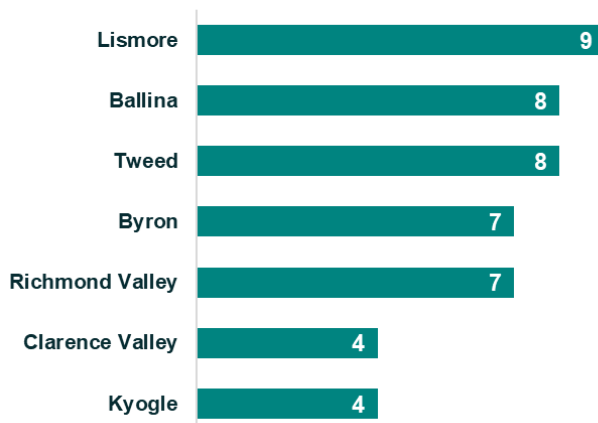
### The 13 projects varied between 1 year and 2 years in length, with 6 granted an extension



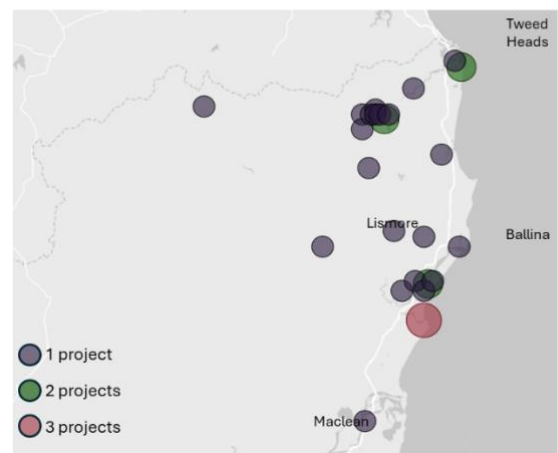
### 7 of the 13 projects exceeded expectations of how many people they would reach, with the 6 others finding their targets too ambitious



### The delivery of the 13 projects was spread across all intended LGAs



### The projects were delivered to a range of small communities across the region.



# What Worked Well

The interviewees identified key aspects of the Community Wellbeing and Resilience program that worked well.

## Local staff and networks

Employing local staff and using local networks, as well as building new connections.

## Project delivery models

Applying delivery models aligned to the principles of trauma informed care and that were culturally appropriate.

## Training

Training for project teams to build capacity to respond to the needs of the community.

## Flexibility

The flexibility to adapt projects and respond to changing community needs.

## Project processes

Internal processes such as reflective practice, continuous improvement and supporting staff that were flood affected.

## Support by Healthy North Coast

Understanding, flexibility and support from to adapt and deliver their project.



This photo captures ACON's Health Promotions Team at a local event. The funding provided by Healthy North Coast supported over 350 people to access workshops and counselling as part of the ACON Recovery and Resilience Service. Photo courtesy of ACON Health.

# What Was Challenging

There were a number of aspects that interviewees highlighted as challenging in delivering their project.

## Staffing

Recruiting and maintaining suitably qualified staff was a common issue, with local staff sometimes departing suddenly due to being personally flood-affected. Bringing in people from outside the region was difficult due to housing limitations. Staff with specialised qualifications also had limited availability due to demand.

## Project length

Some projects felt the funding was too short to fully meet community needs and embed the project activities or outcomes. A number of extensions were provided, as well as support for projects to wind down their service. However, the demand between projects varied considerably.

## Demand and participation

Some experienced intense demand that continued unabated throughout the project, in particular projects providing low intensity supports and meeting basic needs. Other projects experienced lower than expected registrations or attendance at workshops and programs, however a degree of attrition is commonplace.

## Complex needs

In some cases, community members presented with complex needs and there were limited referral pathways available in the context of an overloaded mental health system. The demand provided difficulties for some projects in winding down the service or transitioning the activities to the community without leaving individuals unsupported or at risk.

## Capacity and experience

A number of smaller or volunteer-led groups had not previously managed a project of this nature or scope. These organisations felt it would be beneficial to have had more support to scale-up or commence professional operations, including assistance with marketing, social media, IT, administration.

## Meeting expectations

The expectations around evaluation and reporting was considered burdensome by some projects. One project felt that were unclear if they met the expectations of Healthy North Coast.

# Outcomes and Impact

The 13 projects supported many people across the North Coast region. The projects focused on those who may not usually seek help, have experienced marginalisation and other hardships, and compounding impacts of the flood event. The projects provided support that was locally based, easily accessible, inclusive, trauma-informed and meeting diverse needs.

The support was often provided at low intensity, such as a referral, a food voucher, a hot meal, or somewhere to relax. Whilst it is hard to quantify the collective impact of this support, the feedback reported by the projects was that the frequency and visibility of this tangible support was valuable to community members during the difficult post-flood time. Many projects reported the gratitude and appreciation shared by the community members involved. Some projects also offered more intensive support and there were a number of qualitative examples in the reporting of profound changes for participants, staff and organisations.

Community members and workers have increased their knowledge and skills through the training and workshops provided, building their capacity and capabilities in disaster recovery. The training and workshops, as well as a focus on collaborations between organisations, has built greater networks at different levels across the communities. A number of the projects listed a fellow grant recipient as someone they connected with for the project, amongst their networks established.

The intended outcomes, intensity of the support, measurement and reporting of outcomes varied greatly between projects. Therefore, it is hard to quantify the exact reach and outcomes overall for the projects.

## Key Outcomes and Impact

Collectively, the projects lessened the severity of the impacts of the flood event for many people across the North Coast region communities.



Improvement in mental health and wellbeing of community members, volunteers and local workforce.



Increased connections through partnerships and networks, community events and activities.



Increased capacity of local organisations, volunteers and community members.



Skills, resources, networks that will persist beyond the project timeframe.

There are indications that the projects outcomes will continue to have a positive impact. The examples from the project documentation and interviews include:

- knowledge, skills and networks that would carry on beyond the projects
- reduced severity of the impacts that would have occurred otherwise
- increased capacity of community organisations
- examples of where system change is being advocated for disaster response efforts to be more inclusive, recognise specific needs and be trauma-informed
- the community was better prepared for Ex-Tropical Cyclone Alfred.

“It allowed us to develop a local experienced disaster recovery workforce. We have been a pathway for community people to actively participate in the disaster recovery.” Interviewee


“Feedback [from training sessions and workshops] revealed that participants valued the opportunity to connect with one another. They felt heard and validated in their experiences following the floods, realizing they were not alone in facing loss and grief.” Report

“...definitely people were better prepared for the disaster [Ex-Tropical Cyclone Alfred]. I mean, I think that includes the tangible physical levels of preparedness, but also the psychosocial preparedness.” Interviewee

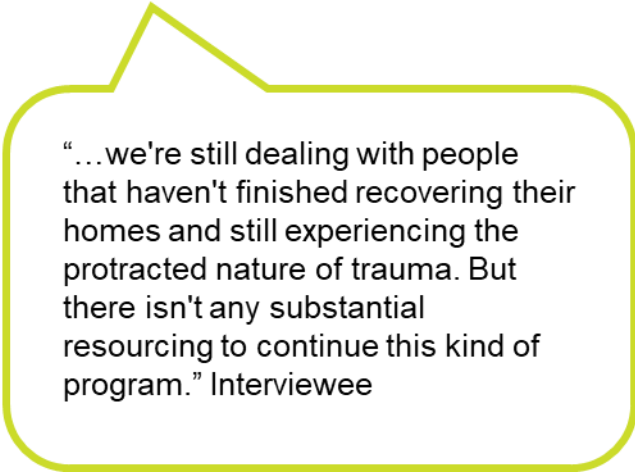
“It created capacity for us and demonstrated that we can do more.” Interviewee

“The gift of this project has been empowering individuals within our neighbourhoods to understand that, through the mere act of connection, they can have an impact on their own and their neighbours' mental wellbeing.” Report

Whilst the projects have made a valuable contribution, common feedback from the interviewees and reports was the ongoing impacts of the 2022 flood event and the extensive time it can take for communities to recover. They felt that as the projects reduce in scale or withdraw from communities there is increased pressure on the existing services and difficulties providing support or appropriate referrals with heavy demand and waitlists.



“I wouldn't say we're burnt out, but everybody's at their, you know, we're all offering as much as we have in a way.” Interviewee



“...we're still dealing with people that haven't finished recovering their homes and still experiencing the protracted nature of trauma. But there isn't any substantial resourcing to continue this kind of program.” Interviewee

Some of the projects also found it difficult to wind down the project delivery and create mechanisms to ensure the outcomes would sustain into the future, due to the context of the high community demand for services. However, the potential sustainability of the project outcomes would increase by planning for the exit or transition of the project. For example, transitioning participants to peer support networks, transferring ownership of community activities and events to community members. The project length has an impact on the ability to do this successfully, as projects can involve multiple phases such as project design, recruitment, training, delivery, evaluation and transition. To ensure the workforce training and workshops have a broader impact there may also need to be coaching and refresher courses to support organisational shifts.

# Community Wellbeing and Resilience

Healthy North Coast have provided important assistance in a way that met community needs in a time of crisis. The funding has enabled the development of strong social foundations, cohesion and networks for future disaster preparedness and resilience. The specifications of the grants have also supported a community development approach that emphasised responsiveness, flexibility and support for those most in need.

There is strong alignment with the literature on community wellbeing and resilience, with potential to strengthen the approach by ensuring adaptive capacity is a central aspect of the conceptual framing of this program. Community wellbeing and resilience is contingent on the adaptive capacity of the (local) economic, social and environmental systems, as well as the interaction of those systems. The inter-connected determinants of the adaptive capacity of a place are equity, institutions, technology, infrastructure, economic resources, information and skills and social capital<sup>11</sup>. Social capital is supported by the other determinants, as well as a key driver. A community development approach aligns to the aim of supporting adaptive capacity as it focuses on key aspects such as:

- strengthening social capital through strengthening connections and networks
- building local leadership
- empowering community members to make change and drive solutions.

These aspects correspond to the feedback from the interviewees and project documentation included for how to strengthen community resilience and wellbeing. Their feedback centred around capacity building, maintaining connections, and increasing local control and decision-making, including:

- further training for community members and workforce:
  - trauma-informed approaches
  - self-care
  - setting boundaries
  - education on healthy relationships for young people
- building meaningful community connections through:
  - providing spaces and purposeful activities
  - collaboration, coproduction and co-design with the community, including opportunities for young people in decision-making, leadership and design
- mechanisms for increased local control:
  - believing that the community has the power to overcome barriers and improve circumstances
  - enabling people on the ground in an emergency
  - funding that is decentralised out to local communities, with a range of activities and organisations funded.

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<sup>11</sup> Drennan, L. & Rasheed, A. (2020) Determinants of adaptive capacity for climate change adaptation: Considerations for regional Victoria. Griffith University, Brisbane.

A number of interviewees emphasised the importance of framing community resilience at a broader level than the individual, highlighting that it needs people to work together, have capacity and capabilities with communities, a diversity in ways of operating, and supportive systems and structures (see example quotes below). These comments also highlight the importance of measuring change in community resilience through the relational and system-level characteristics of a community, rather than solely individual attributes relating to resilience. For example, relational characteristics of a community might include the social expectations, connections and beliefs about those connections, which may uncover the social systems and structures that may enhance resilience.

“...people feeling kind of bitter and resentful that they’ve had to be so resilient without much government support ... community resilience has been celebrated a bit too much, rather than getting support structures and systems coming in that work.”

“I always think relationships are stronger between individuals when there's something you're looking at together, you're trying to do something together...”

“We do not need to build more resilience, but just equip people and give them the tools they need.”

“Ensuring a range of ways that the work is done, not just one way”

“...providing a safe space for people to find the strength and strengthen each other in a sense to stand up together”

“So much adversity in the past 5 years. How does a community, a state, a nation, commit to providing support in the long term.”

“...community resilience does not operate in isolation, it has to be supported and enabled by the other elements of our society as well.”

# Next Steps

A plan (the Roadmap) will be developed with Healthy North Coast to inform the ongoing development of the Community Wellbeing and Resilience program and support the data collection and evaluation in future. The Roadmap will outline the conceptual framework and intended outcomes of the program, as well as the corresponding data sources, indicators and collection methods.

The development of this plan will take into account the suggestions provided by the projects for strengthening community resilience in the above section, as well as the suggested program improvements. Healthy North Coast have made changes to the current round of funding based on the feedback from the flood recovery projects.

Feedback and results of this report included the following improvements:

1

## **Grant structure**

Streamlined processes, criteria directed at community resilience, funding based on need and success, and a range of funding options.

2

## **Reporting and Evaluation**

Systems that match and contribute to their existing processes and enable community input.

3

## **Planning for Sustainability**

Mechanisms to extend the project outcomes, such as activities to connect and build relationships beyond the project timeframes.

4

## **Community Resilience**

Develop a conceptual framework that outlines how the funded projects will collectively strengthen the adaptive capacity of communities.

# Appendix 1: Data Matrix

The following table outlines the key questions for this evaluation and the data collection used to inform this report. The questions are intended for the broader evaluation that will include additional data collection with the current projects that are funded.

| Key Evaluation Question   | Sub question   | Document review | Interviews | Participant data |
|---|--|-----------------|------------|------------------|
| 1. To what extent does the program and projects align to the needs of the North Coast region? | What were the needs identified and do these remain?  | ✓               | ✓          | ✓                |
|   | To what extent do the design of the funded projects align to the community needs?                              | ✓               | ✓          | ✓                |
|   | What has been the reach, access and diversity of project participants and have access levels varied by cohort? | ✓               | ✓          | ✓                |
|   | To what extent have the projects met the needs of participants?  | ✓               | ✓          | ✓                |
|   | To what extent has the grant process and management met the needs of the recipients and the community?         | ✓               | ✓          |                  |
| 2. To what extent has the program been delivered as planned?                                  | Have there been adaptations to the program or projects?  | ✓               | ✓          |                  |
|   | What have been the enablers and barriers?  | ✓               | ✓          | ✓                |

| <b>Key Evaluation Question</b>   | <b>Sub question</b>   | <b>Document review</b> | <b>Interviews</b> | <b>Participant data</b> |
|--|---|------------------------|-------------------|-------------------------|
| 3. To what extent have funded projects met the intended objectives, collectively and individually? | How are the objectives and intended outcomes defined?   | ✓                      | ✓                 |                         |
|  | Collectively and individually, how do the funded projects contribute to the objectives?                 | ✓                      | ✓                 | ✓                       |
|  | What have been the outcomes for the community?  | ✓                      | ✓                 | ✓                       |
| 4. To what extent has the program provided value and had a positive impact?                        | To what extent has there been a broader impact from the grants program overall and the community?       | ✓                      | ✓                 | ✓                       |
|  | What impact would there be without the grants program?  | ✓                      | ✓                 | ✓                       |
|  | What were the unintended outcomes (positive or negative) of the grants program and individual projects? | ✓                      | ✓                 | ✓                       |
|  | What impacts will sustain into the future?  | ✓                      | ✓                 | ✓                       |
| 5. What have we learnt to inform future initiatives?   | What have we learnt about the grants process, project delivery, evaluation and broader reflections?     | ✓                      | ✓                 | ✓                       |
|  | How can the grants program improve for future iterations?   | ✓                      | ✓                 | ✓                       |
|  | What have we learnt about creating community wellbeing and resilience?                                  | ✓                      | ✓                 | ✓                       |

# Appendix 2: Methodology

## Stage 1: Collaborative Planning

An Evaluation Plan was developed collaboratively with Healthy North Coast during May and June of 2025, in an initial inception meeting and planning workshop. The plan was also informed by documentation of the program and individual projects, as well as introductory discussions with two of the projects funded for 2024-26.

## Stage 2: Review of previous projects and community needs

This report documents Stage 2 of the evaluation, looking at the experience of the program to date. The data examined for this review, included a review of documentation and interviews with Healthy North Coast and the flood recovery grant recipients.

### Document review

The document review examined the community needs identified, any progress towards making change and any barriers and enablers to reaching the intended outcomes. This review informed the interviews with the 13 flood recovery grant recipients and will inform Stage 3 and Stage 4 of the evaluation.

Documents reviewed included:

- program documents and other relevant strategies, plans, documentation or research
- previous evaluation activities conducted across 2022-24, including two learning circles with flood grant recipients, as well as learning circles and a survey with previous providers of the bushfire grant round of funding
- documentation and reporting from the flood recovery providers.

In addition, relevant documentation and research was examined to understand the broader context of circumstances and community needs, to inform the evaluation and subsequent Roadmap. This included relevant documentation, research and reporting in the North Coast region to assess the current situation and needs of the communities, with a focus on recovery and resilience.

### Interviews

A total of 13 interviews were conducted between June and August of 2025. The interviews included a background interview with Healthy North Coast staff and 12 interviews with the flood grant recipients. The flood grant recipients were invited to participate in the interviews via email and follow up phone calls where required. The interviews were voluntary and anonymous to ensure participants could speak freely and focus on improvements to the program.

The interviews were held online for half an hour and were recorded for transcription purposes. A thematic analysis of the transcripts was then conducted, including familiarisation with the data, coding the data, searching for patterns, cross-checking and refining the data into themes. To ensure the feedback remained anonymous, the responses have been grouped together, and any identifying details have been removed.

| Interview type            | Details   | Number                               |
|---------------------------|---|--------------------------------------|
| Healthy North Coast staff | A group interview with the program team to discuss the broader program context and to reflect on the past projects and grant process.   | 1 group interview                    |
| Flood grant recipients    | Interviews with the flood recovery grant recipients for 2022-2024 to reflect on their project implementation and outcomes, as well as the grant process overall and any learnings about community resilience. Two grant recipients did not participate in the interviews. | 12 interviews<br>(from 13 requested) |

Feedback from Plan C, an organisation who have received a grant for the 2024-26 program, was also included in the analysis around broader learnings and the community wellbeing and resilience activities in the region since the flood event. This feedback was collected as part of concurrent evaluation activities.

## Analysis and reporting

The insights from the document review and the interviews were drawn together to answer the key evaluation questions, with a focus on the performance of the projects against the intended outcomes and community needs. A Draft Report was submitted to Healthy North Coast for review, with a reflection workshop held to discuss the findings. A Final Report was then submitted incorporating the feedback.

# Appendix 3. Summary of project document review

This section presents insights from the review of the documentation for the 13 projects. These documents were provided by Healthy North Coast and included proposals and service agreements, project variations, project reporting and reflections, as well as any promotional materials or additional reports. The grant applicants completed a thorough proposal with detail of their intended activities, location of delivery, target groups and detailed project plan including community engagement and data collection methods. They also completed iterative reporting every quarter, presenting information against their targets and their reflections in a template provided by Healthy North Coast.

In some cases, the reporting format differed slightly, as did the way that project teams recorded their activities and details around participation. As the projects had a wide variation in purpose and approach, it is difficult to make direct comparisons. However, there are overall insights that have been gained from looking across the documentation as a collective that are presented here against the domains of the evaluation.

## Alignment

There were a wide range of activities delivered by the projects funded, including one-to-one counselling, group activities, workshops and training, as well as practical resources and support. Some organisations delivered the whole spectrum of activities, while others focused on delivering specific aspects.

The projects often had common design elements, such as:

- engagement with community groups that may have been missed in the initial flood response or who had experienced isolation and included communities with specific needs or experiences, for example children and young people, Aboriginal and Torres Strait Islander communities, LGBTIQ+ and older people. This aligned well to the program specifications
- an emphasis on collaboration and partnerships, often with an extensive list that included other funded projects. Similar findings were found in previous evaluation activities, both with the flood grant projects and with the prior bushfire grants, indicating that this is prioritised by organisations in this region.
- alternative settings and therapies outside of the standard or mainstream, such as bodywork, art therapy, nature therapy, informal groups, drop-in or incidental one-to-one counselling, and home visits and outreach to smaller towns. This was seen as a way to support wellbeing with a trauma-informed lens and to reach those that would not usually seek help via mainstream approaches.
- participating in or holding community activities and events alongside the programs or training offered.
- providing support for local staff and volunteers with training and service provision.

Overall, the projects aligned well to the Community Wellbeing and Resilience program intentions (see table below):

- the projects demonstrated commitment to the program objectives and principles. However, some projects found the context of high demand and limited project timeframe difficult for sustainability
- there was a mix of project activities, including a focus on social and emotional wellbeing, social and community connection, emergency preparedness and response and trauma-based education programs. This reflects the diversity of project activities the program intended to fund. However, whilst at least two projects focused on connections with nature, there were no project activities that meaningfully supported the recovery, restoration and protection of the environment (an intended activity type)
- the projects provided low intensity supports that aligned with the stepped care approach and Primary Health Network priorities<sup>12</sup> and/or intensive supports to community members who may otherwise have not had access to such services
- the project plans detailed activities designed for the specific groups identified in the funding specifications, with most projects exceeding their reach targets with these specific groups
- the project activities were spread across the seven LGAs and at least eight<sup>13</sup> projects providing outreach or programs in smaller towns across the North Coast region.

### Program Objectives

- Deliver community-led initiatives that apply principles and practices of trauma informed care
- Improve social and emotional wellbeing
- Address people’s specific trauma needs
- Enhance referrals to specialist trauma services
- Reach flood affected communities, with a key focus on supporting young people, older residents and Aboriginal communities
- Strengthen community capacity for disaster preparedness, response and recovery
- Build individual and community resilience by strengthening social, environmental and cultural connections.

### Principles

- Community-led
- Trauma-based and informed
- Resilience-building
- Collaborative
- Sustainable

### Activity Types

- Social and emotional wellbeing
- Social and community connection
- Emergency preparedness and response
- Trauma-based education programs
- Environmental connection

<sup>12</sup> Stepped Care (2019) Department of Health

<sup>13</sup> This may have been higher, but was an incidental finding rather than a specific reporting expectation

The project proposals clearly identified a need in the community for their activities. A number of organisations applied for the grant to expand and support the work that was already happening in a voluntary capacity or with limited funding.

A number of the reports highlighted the ongoing needs in the communities, including:

- provision of basic needs such as housing, food, childcare and financial support
- support around mental health and wellbeing, including trauma, personal and ecological grief, weather triggers, as well as the burnout and self-care needs of workers
- outreach to smaller communities and people who are immobile or don't have transport
- rebuilding community cohesion
- ongoing funding.

## Reach

All LGAs were covered by the projects, (with specific locations targeted by at least 8 of the projects, covering 30 smaller towns across the LGAs):

More projects than expected reached at risk target groups within their populations. Initially, 5 projects had intended to engage the general community and 8 were intended for a specific target group, according to project plans. However, during delivery many more projects directed their engagement or services towards specific community groups.

| <b>Group</b>                     | <b>Expected number of projects</b> | <b>Actual number of projects</b> |
|----------------------------------|------------------------------------|----------------------------------|
| <b>Children and young people</b> | <b>3</b>                           | <b>6</b>                         |
| <b>Aboriginal peoples</b>        | <b>2</b>                           | <b>7</b>                         |
| <b>Women and children</b>        | <b>1</b>                           | <b>3</b>                         |
| <b>Older people</b>              | <b>1</b>                           | <b>2</b>                         |
| <b>LGBTIQ</b>                    | <b>1</b>                           | <b>3</b>                         |

Some projects were also designed to specifically reach families (3 projects), service professionals and emergency responders (3 projects), community leaders (3 projects), people living with HIV (1 project), survivors of sexual abuse (1 project) and students (1 project).

## Numbers of participants reached

Collectively the projects reached thousands of individuals directly, and many more indirectly.<sup>14</sup>

The reach and intensity of activities with participants varied across projects. Some aimed to deliver widely across the community through light-touch or informal connecting and supportive activities, while others provided intensive counselling or structured programs to a smaller group.

Extenuating circumstances, like poor health and access issues, relating to the ongoing impacts of the floods impacted demand of services and participation. In some cases, demand for services were much higher than anticipated, while in others it was lower than expected. Some projects that offered workshops or courses were unable to attain their intended number of participants despite interest. While some projects did not reach their intended targets, all but one had met or exceeded their participation targets. This project offered an intensive program, that was valued and seen as beneficial by those who were able to receive it.

## Implementation

A total of \$3,471,659.00 was awarded across 13 projects, with the funding amounts received ranging from between approximately \$150,000 to \$400,000.

Six of the projects were funded for approximately 1 year and seven projects funded for approximately 2 years. Ten of the projects requested a contract variation, including seven that were to increase the timeframe of the project (six approved), two were to modify expenditure and one was to change the targets for the deliverables.

Healthy North Coast also enabled small community-based organisations to participate by covering the cost of the insurance required and supporting an auspice arrangement.

Most of the projects required delivery variations, however if one intended target was not met, the expectations were generally exceeded elsewhere. For example, running more workshops that had a higher demand, or adapting to reach a new community area that had interest or needs. This shows a flexible approach that is responsive to the needs of the communities.

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<sup>14</sup> Actual figures not possible to determine due to reporting limitations.

## Enablers highlighted in the documentation

|  |   |
|--|---|
| <p><b>Funding</b></p>                    | <p>The project teams reported that the grant enabled their organisation to provide supports that were needed for the communities, including providing:</p> <ul style="list-style-type: none"> <li>• services, food and resources for free and in a way that was easily accessible for clients and participants</li> <li>• support to rebuild homes and undertake ecological restoration</li> <li>• outreach to smaller towns and communities without access to services</li> <li>• transportation for clients that could not get to town easily</li> <li>• community events to bring people together to connect, get support and lift people up.</li> </ul> |
| <p><b>Training for project teams</b></p> | <p>Seven of the organisations sought specific training to better equip their teams and respond to the needs of the communities they were working with. This included cultural awareness and safety training, peer worker training and training specific to working with LGBTIQ, youth, and Aboriginal and Torres Strait Islander peoples in relation to mental health, wellbeing and trauma.</p>  |
| <p><b>Continuous improvement</b></p>     | <p>Many of the projects made changes to improve the delivery and enable participation during implementation. For example, modifying the program delivery to support different needs and learning styles of participants, modifying the workshop content for online delivery, improving communication with partners, and providing transportation for participants.</p>  |
| <p><b>Networks and partnerships</b></p>  | <p>Five reports specifically highlighted the value of the existing networks and the new partnerships developed for supporting the successful implementation of their projects. In-kind support was also provided by some partners, such as a venue to deliver the service or training.</p>  |

## Barriers highlighted in the documentation

|   |   |
|---|---|
| <p><b>Staffing</b></p>                                    | <p>Six projects mentioned staffing as a key issue. A common experience of staff leaving unexpectedly and having difficulties recruiting staff, including those with specialist qualifications and the difficulties with housing preventing people from moving into the area. One provider utilised a telehealth service and one trained existing staff from other programs to cover the time period without the program delivery staff. In one case, the timing of the contract start date and the need to recruit staff meant the project experienced delays. The key risks mentioned were the reliance on student placements and burnout of staff and volunteers.</p> |
| <p><b>Ongoing funding</b></p>                             | <p>Six of the projects mentioned they were concerned about the funding ending and the ability to support clients and communities beyond the timeframe, highlighting the long waitlist times and high demand for the services. Whilst strategies were mentioned, such as establishing peer networks to enable a mechanism for ongoing support this was felt to be out of scope for the project. Two of the projects highlighted that they had found other funding to support clients after the project end date.</p>   |
| <p><b>Participation levels</b></p>                        | <p>Five projects highlighted the issue of lower than expected registrations or attendance at training courses and workshops. In most cases, this was due to other more pressing priorities or managing the impacts of flood event. It is also common for community-based training and workshops to experience some attrition.</p>   |
| <p><b>The level of need for mental health support</b></p> | <p>Four projects rose the issue of the needs of clients or program participants being more complex than anticipated, for example where professional development training brought up mental health issues or people requiring support beyond what the service could provide. However, supports and referrals were provided. One project highlighted the importance of having an experienced mental health professional on hand to provide one to one support where difficulties arose for participants.</p>  |

## Outcomes

There were a range of outcomes at different levels, from community members, workforce and volunteers, organisational networks and systems change.

From the data that was collected by project teams, participants were positive about the support they had received in difficult times. The outcomes differed between projects, however most highlighted the positive impacts on mental health and wellbeing, whether that be from therapeutic, emotional, physical, or financial support. Increased connections and sense of a supportive community were common themes. Many reports included feedback from staff and participants that highlighted the welcoming, supportive and inclusive environments that had been created within the projects.

Different outcomes measurement tools were used including commonly used standardised mental health measures and co-designed tools specific to their work. However, a number of the projects started using the Strengths and Difficulties Questionnaire (SDQ) and subsequently determined it was not the right fit. Previous evaluation activities also highlighted the difficulties capturing a range of outcomes with the outcome measurement tools, or outcomes that are meaningful to participants. Useful data collection was reported as feedback through testimonials, as well as attendance, participation and referrals.

### Outcomes alignment to the 2025 Program Logic

Collectively, the projects aligned and contributed to the intended outcomes areas as outlined in the 2025 Community Wellbeing and Resilience Program Logic, including:

- a strong focus on recovery and healing, which corresponds to the scale of the event and subsequent needs in the community
- a focus on building capacity of the local community and organisations through providing workshops, training and support for staff and volunteers. All projects had a strong collaborative focus, listing many partnerships for shared events, referrals, information exchange or shared projects, as well as involvement in formal networks
- some projects focused more directly on disaster preparedness and fostering connections that would sustain beyond the funding, through networks and ongoing community-based activities. Providing meaningful ways to connect beyond the project timeframe would have strengthened the impacts of the projects in this area.

As the Program Logic was developed in 2025, the alignment indicates continuity and consistency of the overall purpose and intention of the program. The projects were not expected to report against the outcomes, with this assessment only for the purposes of this evaluation. It is important to consider the project activities within the overall context of service provision and community needs in the North Coast region.

The communities of the North Coast are also facing continued challenges that make the realisation of these outcomes difficult. For example, a lack of housing and the ongoing uncertainty around this, and the predictions of continued extreme weather events. Recovery, shifting of social norms around help seeking, and building social cohesion take time. There is also evidence of exacerbated mental health needs in communities and a need to bolster service provision<sup>15</sup>.

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<sup>15</sup> Healthy North Coast 2025-2028 Health Needs Assessment, Mental health Priority Area, [HNA Priority Areas - Mental health | Healthy North Coast](#)

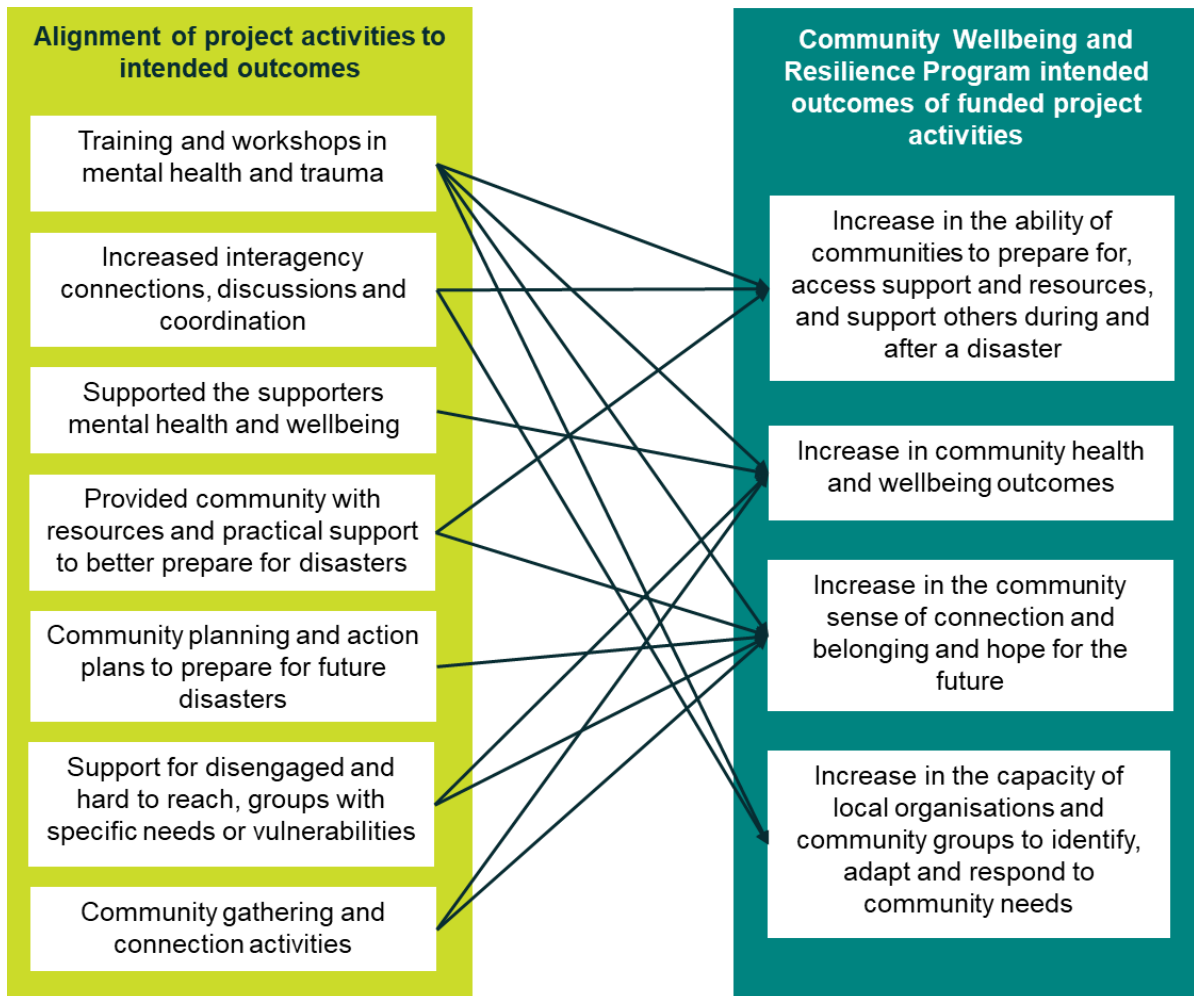
| <b>Intended outcome</b>   | <b>Outcomes identified from project reporting</b>   |
|---|---|
| <p><b>Increase in the ability of communities to prepare for, access support and resources, and support others during and after a disaster</b></p> | <p>Projects reported increased knowledge and skills of community members and local professionals around mental health and disaster recovery. Some projects focused on community planning, supporting community leadership and providing practical resources to help communities be better prepared for future disasters. Some projects also advocated for change to improve aspects of prevention, response and recovery of future disasters.</p>   |
| <p><b>Increase in community health and wellbeing outcomes</b></p>   | <p>Projects reported an increased awareness by community members and local workers for identifying a mental health challenge and knowing where to seek help. This included reaching groups with specific experiences or needs such as children and young people, older people, Aboriginal and Torres Strait Islander peoples, LGBTIQ communities and people living with HIV. Some projects focused on mental health promotion activities and referrals, while others provided alternative supports and/or more intensive support. This provided a light-touch support for a wide range of the community, as well as intensive support for a comparatively smaller number.</p> |
| <p><b>Increase in the community sense of connection and belonging and hope for the future</b></p>   | <p>There were a range of ways people connected through the projects, including training and workshops, community events, informal gatherings and specific networks for disaster preparedness. Examples were provided where the project supported community members to participate in the community again after experiencing isolation. Several of the projects had ways to connect that would continue beyond the project funding, such as ongoing networks or connections to community-based activities. However, some projects found it difficult to establish a way to sustain community connections beyond the project, or felt it was out of scope.</p>                  |

## Intended outcome

## Outcomes identified from project reporting

**Increase in the capacity of local organisations and community groups to identify, adapt and respond to community needs**

Projects provided training to local professionals and community members to better understand trauma, the impact of disasters and mental health. It was also common for project teams to support their workers with training and skill development, such as working with trauma or the needs of specific community groups. Many projects highlighted the increase in their own learning as a group or organisation, and the establishment of networks that would be beneficial for future disaster events. Some projects supported workers with their own recovery and built connections and networks.



## Broader impact

Documentation provided by the projects contains limited discussion or evidence of the impacts outside their intended scope, although many service providers gave rationale of the breadth of their project's impact. Because the projects have recently concluded, the longer-term impacts cannot be assessed as yet. Indications of broader impacts include:

- the building of knowledge, skills and networks that would carry on beyond the projects
- the mitigation of higher levels of distress and worsening of the impact of the flood event by providing support to both the community members and workforce and bringing people together at a difficult time. One Final Report highlighted the added benefits of bringing people together, regardless of the content, as they had space to stop, reflect, share and build connections
- some organisations began change in their systems, policies and processes as a result of staff participating in training, such as adopting a trauma-informed approach.

Some projects reported that:

- more time would have been beneficial to support those they were working with to create a broader impact
- the demand and community needs made it difficult to develop ongoing support mechanisms or transition the ownership of community connecting activities to the community themselves. In some cases, this was also influenced by being new to project delivery of this nature.

## Learning

A number of common reflections and learning was highlighted in the documentation, including:

- **Involvement of young people.** A number of the projects reflected that young people could be better involved in the decision making processes around the flood event, as well in the projects themselves. For example, including opportunities for young people in the co-design of projects and evaluation tools, co-facilitation, and leadership roles.
- **Community facilitation and trauma informed support.** In one of the program materials, there was a comment that groups connecting after a disaster can get stuck in survival mode and reinforce that amongst themselves. This reflection indicates the importance of facilitated group connections and trauma-informed training in the community.
- **Support for workers.** Staff can get burnout and are often also affected. They also need provision of the practical resources and self-care strategies.
- **Longer timeframe and funding.** A number of comments were around the length of the projects and the need for a longer timeframe and funding to ensure:
  - ongoing preservation of networks and relationships and trust that has been built, instead of repeating this with new projects
  - consolidate the changes made in the community, embed knowledge and skills and support the sustainability of outcomes such as establishing peer networks or transitioning to community
  - the project could respond to the changing needs of communities.
- **Timing of projects.** One project highlighted that for their specific activities the emotional and time commitment post flood was too soon, whereas for another the timing close to the flood event was beneficial as there was high motivation to participate in the activities they were facilitating.
- **Funding based on success.** One comment was to provide further funding based on where the community continues to have a need and the project has demonstrated success.
- **Support and simplification of the reporting and evaluation,** such as mentoring support, an overarching system or matching to the current organisational systems.

# Appendix 4. Summary of interview analysis

This section presents insights from the semi-structured interviews held with representatives of 12 of the 13 flood recovery projects funded by Healthy North Coast. All interviews were conducted between June and August 2025. For some interviewees their project had recently finished and for others it was some time ago. It is also important to note that a number of people interviewed were not involved in the original application process or some aspects of the project.

The overall insights have been presented below against each of the domains of the evaluation.

## Alignment

The key areas of discussion in the interviews under this domain of the evaluation included the ongoing needs in the communities of the North Coast region and feedback on the grant process, management and evaluation.

## Community needs

Interviewees expressed a strong sentiment that their communities still required support. Many noted that there was a wide range of ongoing needs that remained in the aftermath of the flood event and in the context of the predications around future extreme weather events. For example:

- homelessness and the ongoing uncertainty around housing
- rebuilding community identity, social connections and feelings of safety
- support (including peer support), education and skill building for young people around their mental health and wellbeing, alcohol and other drug use and healthy relationships, with many young people continuing to experience a context of uncertainty and stress in the home and community
- support for local workforce with practical kits and support for preparation, resilience and recovery, as they are often also flood affected or in at-risk areas
- filling the gaps of system failures, such as reaching families who are invisible to the service system and young people on a path to criminal activity or a mental health crisis
- long term support for psychological recovery and community training in mental health and listening to others
- approaches and therapies to address trauma stored in the body and reach people who don't usually ask for help.

## Grant process, management and evaluation

There were mixed comments about the grant process, management and evaluation.

Seven interviewees made positive comments about the grant process and management by Healthy North Coast. The comments included noting there were clear expectations, the documentation was straightforward, the team were engaged and had a flexible approach, with a smooth transition to new contract managers. One interviewee commented that they had seen an improvement in the grant process and management from the flood recovery grant to the next one they received from Healthy North Coast.

In contrast, four interviewees found the expectations, application and processes around the reporting and data collection onerous. This was felt to be particularly difficult by those that were small community-based organisations that were experiencing high demand for services, had staff or premises affected by the floods, were inexperienced with a grant this size and scope and did not have capacity and skills in evaluation and/or reporting. A further three interviewees commented about the time needed to complete the documentation and the need for further consultation on the evaluation process. For example, comments included:

- the application process was too complex
- the reporting template was not aligned to the work in the project and their current systems
- the reporting requirements were too frequent, and the financial reporting as well as the audited reports was repetitious
- there was a mismatch in expectations between the organisation and Healthy North Coast and difficult transitions to new contract management staff
- auspice arrangement created distance between funder and provider, as the funded project was required to communicate through the auspice organisation
- some of the outcome measurement processes proposed by Healthy North Coast were considered inappropriate for the context, placing an unnecessary burden on the organisation and people they work with.

***"It increased the workload when we were already responding to young people with complex trauma who had lost their homes and everything they owned." Interviewee***

Six interviewees suggested that the projects required multi-year funding, with 2-3 years minimum funding seen as a beneficial length of time. One year funding was felt to be difficult for establishing the project and relationships, onboarding staff, delivering the service and then evaluation and transitioning the service.

There were also two comments that it would be useful to have smaller grants beyond the initial grant to support their ongoing practical needs such as materials, equipment, petrol, printing, phones and bookkeeping. One interviewee felt that having the grant changed their dynamic and approach to the work, as well as being stressful to manage without the skills and experience. They suggested that in a disaster response the processes could be streamlined, or an administration body could be established to help them manage the grant requirements.

Suggestions included:

- enabling creative options for evaluation such as videos, storytelling, co-designed tools
- providing an overview of the relevant grants, stakeholders and services
- support for community led organisations and programs
- ensuring that referral pathways exist with specialised services available
- embedding an overarching philosophy that aligns to a culturally and trauma informed approach
- a minimal application with a relational approach and alignment to the current systems of data collection and reporting.

## Suggestions for improvement by interviewees

|                                 |   |
|---------------------------------|---|
| <b>Grant structure</b>          | <ul style="list-style-type: none"><li>• longer funding timeframes (e.g. 2-3 years) (it is important to note that some contracts were one year and some were over 2 years in this round of funding)</li><li>• further support for community led organisations that may have limited skills and experience in grant management</li><li>• a grant process that commits the funding to a number of organisations and they work out the plan collaboratively</li><li>• grants based on demonstrated success of projects and align to community needs</li><li>• clear criteria around supporting the adaptive capacity of communities</li><li>• using community-based assessment panels</li><li>• including smaller ongoing grants for tangibles.</li></ul> |
| <b>Reporting and evaluation</b> | <ul style="list-style-type: none"><li>• streamlined reporting that works with the systems already in place</li><li>• evaluation processes that align to the project and ways of working with community, including creative options, co-designed tools and trauma-informed practices.</li></ul>  |

## Participatory Grantmaking process

Seven interviewees discussed the participatory grantmaking process (PGM) held for the current round of funding for 2024-26. This process aimed to involve community-based organisations in decision-making and enable collaborations between projects.

The process included the following steps:

- December 2023- January 2024: Review of findings from previous program grants to identify enablers and barriers to effective community resilience building
- February 2024: Two information and feedback webinar sessions held and attended by 61 people. Healthy North Coast presented PGM and sought feedback on the approach to the 2024-26 grant round and proceeded with this approach based on the feedback
- March 2024: Eligible organisations were invited to express their interest in applying for funding via an Expression of Interest (EOI)
- April 2024: Eight organisations were shortlisted and invited to participate in the participatory grant making approach. Seven shortlisted organisations participated in workshops to present their proposals, receive peer feedback and support, and vote on final funding decisions
- November 2024: Funding agreements executed.

The attendance at the information sessions showed considerable interest in the Community Wellbeing and Resilience program and the participatory grant-making process. From a budget of \$1 million, the 2024-2026 CWR grant round was able to fund 3-4 organisations for up to \$100-200 thousand per year for up to three years. Using feedback from the online consultations and previous grant recipients, Healthy North Coast made larger grant sums available and longer grant timeframes for delivery.

A number of interviewees had participated in the PGM process. Despite efforts to foster collaboration, feedback broadly indicated that it was competitive, time consuming and stressful. The PGM process was avoided by one recipient, as they did not feel they could allocate the time away from service delivery and the people they support. However, there were also comments that it was well intentioned and could be beneficial if delivered in a different format. Some interviewees noted that the PGM process connected them to other providers in the region and enabled partnership. There was also a comment that the process enabled Healthy North Coast to hear from community about what is needed.

Healthy North Coast have also shared their understanding of this feedback and suggested they would reconsider their approach to participatory processes in the future. This will be supported by a recent evaluation of the process. Alternative options that have been raised by interviewees included:

- a community panel
- more targeted criteria towards adaptive capacity
- a proposed problem and nominated organisations to receive funding and a specified budget to work out a plan collaboratively.

## Implementation

The interviewees discussed a range of key enablers and barriers to the implementation of their projects.

### Enablers highlighted in the interviews

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|--|--|
| <b>Networks and partnerships</b>           | Five interviewees commented on the importance of networks and partnerships for increasing the effectiveness of their work. The comments included at a practitioner level with other staff doing similar work or with Aboriginal staff. There were also comments around the collaborations and or connections through formal networks and shared events. This was thought to help coordinate services, support one another, align and share a common language, as well as offer the community the benefits of the different services. |
| <b>Delivery model</b>                      | Three organisations mentioned the importance of the model they were working with for engaging people and seeing outcomes. For example: <ul style="list-style-type: none"><li>• reaching out to those in need, rather than waiting for them</li><li>• providing a nonclinical setting</li><li>• focusing on work that empowers people and is holistic</li><li>• having a broader view of the community, not just at the level of individuals or households.</li></ul>   |
| <b>Local staff</b>                         | Four interviewees highlighted the employment of local staff as a key enabler, as they had the networks and understanding and passion for their communities. It was also felt to be an important mechanism for supporting the local economy.  |
| <b>Providing support for the workforce</b> | Providing space, time and support for staff to process what they experienced and deal with the impacts.  |
| <b>Flexibility of Healthy North Coast</b>  | One interviewee appreciated the flexibility of Healthy North Coast. They explained that by receiving an extension in the length of their project, they were able to continue the employment of a staff member for longer using additional funding sources. This also enabled continuity for community members who were being supported.  |

## Barriers highlighted in the interviews

|   |   |
|---|---|
| <b>Engagement</b>                             | <p>Three comments concerned engaging schools, which was difficult with many other programs trying to engage with them and schools seeing the need, but having other activities and priorities. However, once the relationship was established and if the school was supportive, it was a fruitful relationship. The program format was also considered a factor in school engagement, with value in smaller scale options that were less time intensive. Parents were considered a hard group to engage, as they were interested but time poor.</p> |
| <b>Project transition and exit</b>            | <p>Two interviewees noted the difficulties wrapping up the service in the community when the demand was still very high and there were no other services in place. There was felt to be a risk to the community and the trust established.</p>  |
| <b>Timing</b>                                 | <p>Two interviewees who covered content that could be difficult for participants, commented implementation should not be too soon after a disaster to ensure people are not still in the context of a crisis and there is increased community stability.</p>  |
| <b>Demand</b>                                 | <p>Two services highlighted that the demand was higher than expected and continued to be throughout the delivery of the project. The workload for staff was high when they were also flood affected, as well as the premises they worked in.</p>  |
| <b>Limitations in organisational capacity</b> | <p>Two interviewees noted the difficulties in sustaining projects due to the capacity and requirements needed to manage projects and funding. This included difficulties building partnerships or applying for grants without deductible gift recipient (DGR) status or the funding to cover the insurance requirements.</p>  |

## Outcomes

The key outcomes discussed by the interviewees related to the improvements in mental health and wellbeing of those involved, supporting the community to meet their immediate needs, and the capacity that has been built across organisations and communities.

### Key outcomes noted in the interviews

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|--|--|
| <b>Mental health and wellbeing</b>                                 | <p>The projects supported mental health and wellbeing by:</p> <ul style="list-style-type: none"><li>• providing direct support for workers and community members</li><li>• normalising the emotions experienced around a disaster and breaking down stigma about talking about mental health issues</li><li>• building a sense of community and feeling supported</li><li>• increasing access and referrals to supports for those who would not normally approach formal services.</li></ul> |
| <b>Practical assistance for recovery and disaster preparedness</b> | <p>In some cases, the communities were supported with practical resources such as:</p> <ul style="list-style-type: none"><li>• vouchers for immediate needs</li><li>• disaster kits</li><li>• radios</li><li>• weather stations</li><li>• rebuilding homes.</li></ul>  |
| <b>Capacity building of organisations and communities</b>          | <p>The grant helped to build:</p> <ul style="list-style-type: none"><li>• management and organisational processes</li><li>• the profile and reputation of funded organisations</li><li>• greater engagement and outreach</li><li>• knowledge and skills through the various training programs, information provided and volunteering</li><li>• neighbourhood leaders and networks</li><li>• employment of local people.</li></ul>  |

## Broader Impact

The interviewees highlighted the broader impacts beyond the immediate outcomes of the funding, including:

- increasing the capacity and reputation of their organisation, their ability to leverage further funding, and their ability to develop partnerships and build other programs
- skills and knowledge that will persist in the community
- advocating for LGBTIQ and people living with HIV to improve access to medications if they did not have identification, and for inclusive spaces in evacuation centre such as all-gender bathrooms.

For some interviewees they felt the outcomes would sustain into the future. For example, where they have connected participants to peer support networks, continued the work under different funding arrangements or provided reduced services in a volunteer capacity. For other interviews, they felt it was a missed opportunity to take the outcomes further and embed the projects in the community. For example, having time to coach trained staff and organisations through a change process, connect participants to peer networks and provide ongoing support to community leaders. One interviewee, they felt like more could be done to transfer the model to support others in other areas, such as with the flooding in the Mid North Coast. However, the capacity was limited.

Moving beyond the immediate outcomes to creating a broader impact was also seen as difficult when at the end of the project timeframe some projects were still experiencing a high demand, and the ongoing needs of the community were not being met.

## Ex-Tropical Cyclone Alfred

Eight interview participants commented that the community was better prepared for Ex-Tropical Cyclone Alfred, with community members remaining calm, and using the formal and informal communication networks. Several examples were provided of where project teams had called participants to ensure they were ok and had the information they needed, and one sent disaster preparedness kits. It is important to note that there was additional time to prepare for this event than the 2022 floods, as the arrival of the cyclone took longer than expected.

There were two comments that severe weather is retraumatising for the communities, even if the impact was not as bad as expected. One interviewee felt the response was disproportionate to the event and left the community frustrated. For a number of projects still in the delivery phase of their project, activities were postponed during this time.

## Learning

### Community resilience and wellbeing

Six interviewees commented that the concept of resilience needs to be framed at the community and system level, rather than the individual. Two interviewees moving away from using the term resilience, as it conjures expectations that people just have to 'grin and bear it' without adequate support.

Interviewees shared the following aspects to increase community resilience and wellbeing:

- the need for community-based trauma informed work
- the importance of being a compassionate employer
- training for staff in self-care and setting boundaries to prevent burnout and keep people in roles longer
- believing that the community has the power to overcome barriers and improve circumstances.
- collaboration, coproduction and co-design with the community with deep listening and shared power
- building meaningful relationships through providing spaces and purposeful activities for connections
- education on healthy relationships for young people
- enabling people on the ground in an emergency
- funding that is decentralised out to local communities, with a range of activities and organisations funded.