

April 2020

Royal Far West response to the NSW Government independent expert inquiry into the 2019-20 bushfire season.

Royal Far West (RFW) welcomes the opportunity to tell its story about our involvement in the recent bushfire season and to provide feedback and recommendations to the NSW Government's independent expert inquiry.

About Royal Far West

Established in 1924, RFW is one of Australia's most respected charities, connecting children in rural and remote communities to the health care they need. For close to a century, we have supported the health needs of children in rural and remote areas, focussing on the most pressing needs of children across that time, including developmental health needs and mental health requirements of children aged 0-12 years.

RFW's experience with recent bushfire season

RFW has a long history of working with many of the communities affected by the bushfires, including communities on the NSW South Coast and in other parts of the state. Many of RFW's existing clients and families were impacted by the devastating 2019/20 bushfires.

To assist these families and deliver to the core of its mission, RFW and UNICEF Australia announced at the start of this year, a partnership to deliver a custom -made, specific community-based trauma program to support children aged 0-12 years and their families affected by bushfires.

The development of this unique Australian program followed a comprehensive needs assessment undertaken by UNICEF and RFW. As part of this work, RFW contacted families currently involved in RFW services, who lived in or near bushfire affected areas. Furthermore, extensive research was undertaken on existing best practice models around trauma and natural disasters in Australia and overseas. The program has been developed so it can be easily modified to assist with trauma resulting from other disasters, like flood and drought.

As a result, more than 2000 people (incl 500 children) across 25 bushfire affected communities in NSW will be assisted with psychosocial support and mental health services carried out by a multidisciplinary team of social workers, psychologists, occupational therapists and speech pathologists. Delivering this support is planned through in-community visits, however whilst COVID-19 restrictions are in place, RFW has been adaptable in adjusting this to telecare support via video-link. Support will include group sessions and individualised child therapy to help equip children with coping skills, problem solving, decision making, as well as knowledge to understand and manage the changes they experience as a result of a natural disaster.

The program will also include training and education for parents and teachers to help build resilience and support within the community, for the community.

General Comments and learnings so far

September 2019 through to the start of this year saw Australia experience an unprecedented and prolonged bushfire crisis that devastated regional and coastal communities, burned through more than 10 million hectares and affected tens of thousands of children and their families.

Experiencing a disaster of this nature can be particularly traumatic for many children as they typically impact upon entire communities and ways of life, involve significant damage and destruction and often result in loss of property and in some cases, life. Such an experience can have a devastating long-term impact on a child's emotional wellbeing especially if they are not provided with the right support to process what they've been through in the days, weeks and months following a disaster.

Research indicates that young children who find such events particularly distressing are those within families where anxiety and overprotectiveness resulting from the fire are high. Children's reactions to traumatic events occur over a long period of time after the fire. Their emotional and behavioural reactions occur weeks, months and even years, after an event. Often the community has 'moved-on' from the fire, and children are still struggling with the effects, consequently the child's reactions are not seen as resulting from the fire, and they become isolated and potentially negatively labelled.

The repeated and consistent message from existing research is: "the road to recovery will be a long one". This is particularly true of children.

The impact of fires on children in effected communities should also be considered in the context of the compounding effects of drought, and now COVID, making investment in child recovery and wellbeing in these areas more important than ever.

Statistics from disasters like Hurricane Katrina, show that Post Traumatic Stress Disorder (PTSD) rates increased from 15 per cent five to eight months after the disaster to 20 per cent a year later, while impacts from the Black Saturday and related bushfires indicate that three to four years after the bushfires, mental health problems that might require professional support were experienced by over a quarter of people in high-impact communities, 17 per cent in medium impact communities and 12 per cent in low-impact communities. This is approximately double the levels of people not affected by disaster.

RFW Literature Review of Research

As part of its program developmental work, RFW conducted a comprehensive literature review of more than 60 pieces of research arising from psychological trauma and damage as a result of bushfires and other events like hurricanes and floods from Australia (including Black Saturday and Ash Wednesday fires) and around the world.

The review found:

- research from previous bushfire disasters shows almost one-third of children don't start showing significant post fire distress until 26 months after the disaster.
- parents who are significantly impacted by the fires - these impacts are exacerbated by a slow recovery. Stressed parents contribute to the child's reactions.

- significant events such as bushfires impact children’s wellbeing in many areas of their lives within their family, school (capacity to learn), peer relationships and overall community
- rural communities most impacted by bushfires are also those least likely to have adequate child focussed resources before the fire. Services to support children are needed in communities for at least 3-5 years and need to be increased from 5/6 months after the fire, and not just focussed on the immediate crisis

One of the most recent research papers on the impact of bushfires: “Longitudinal study of changing psychological outcomes following the Victorian Black Saturday bushfires” - Richard A Bryant, 2018 concludes:

“Although rates of mental health problems diminished over time, they remained higher than national levels. Findings suggest that policy-makers need to recognize that the mental health consequences of disasters can persist for many years after the event and need to allocate resources towards those who are most at risk as a result of substantive losses and ongoing life stressors.”

The literature review also shows that separation occurs in all mass trauma events, but the unique feature of fires is the choice to stay and fight or leave for a safer place. Some families choose for the parents to stay and the children to leave. This separation, although enacted for the best of reasons, can have a strong, long-term and negative impact on the emotional and behavioral wellbeing of children.

The literature review also found that with the changing environment, fire is becoming a frequent and severe event within Australian communities. Australia has a long history of fires, however, in recent times the intensity, frequency, extent and duration appears to be increasing, changing from requiring an individual fire response to needing ongoing preparation for what is likely to be repeated fire events, throughout many communities.

Recommendations:

1. RFW recommends the NSW Government take into consideration the importance of increasing support structures for communities to aid recovery in the months and years following bushfires, alongside the emergency response.
2. Recovery efforts should include adequate funding to implement evidence-based, ‘whole of community’ approaches. This should include a focus on capacity building of parents and carers and other key wrap-around community supports (schools, GPs, local clinicians and other essential services such as FACS, Police, the justice system etc.) to understand the potential impacts of fire and other disasters on children and young people, how to recognise signed distress and trauma and respond appropriately to reduce poor outcomes for children and to improve community resilience for future shocks and disasters.
3. RFW recommends that mental health support services remain in-community for at least three years to prevent intractable mental health issues emerging. This ensures the long-term rehabilitation and recovery of bushfire affected communities, particularly children, across NSW.
4. Special consideration needs to be given to the long-term mental health needs of children, given research findings show that if left unaddressed, developmental

trajectory can be deeply impacted which results in delayed yet significant personal and financial cost to their families, local communities and society.

5. Coordination and funding for these services needs to be managed by one entity – to reduce red tape and crossover and ensure service funding is not replicated or falls through the cracks between State and Federal entities and bureaucracies.

RFW is happy to provide further commentary if needed.

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About Royal Far West

- Royal Far West is one of Australia's oldest and most respected charities and is the only national charity dedicated to the developmental health and wellbeing of Australia's country kids.
- Established in 1924, Royal Far West provides a truly integrated service and offers health, education and disability services for country children and their families at the Centre for Country Kids in Manly, as well as virtually via Telecare and in local communities.
- Through a team of more than 80 paediatric specialists, Royal Far West supports children aged 2-12 with a range of concerns including speech and language delays; behavioural and conduct disorders; early life trauma and mental illness; autism, attention deficit and hyperactivity disorders.