What children need during disaster recovery

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Host (00:01):

Welcome to Mental Health in Practice, a podcast by MHPN, bringing you insights and experiences from professionals across Australia's health and mental health sector.

Michelle Roberts (00:17):

Welcome to Mental Health in Practice, a podcast from the Mental Health Professionals Network. In this episode, we're focusing on the evolution in approaches to trauma that children may experience through a disaster. My name's Michelle Roberts and I'm a psychologist, and I'm joined today by Sarah Eagland, who works as a social worker with Royal Far West. Let's begin by thinking about why we think this is an important conversation to be having right now. Sarah, why do you think this is an important question for us to begin with?

Sarah Eagland (00:50):

Hello, Michelle. Yeah, I think this is such an important conversation to be having right now. Australia is really facing an alarming future of disasters of increasing frequency and intensity. The timeline of disasters that perhaps was prevalent 10, 20 years ago has totally changed. In the last 10 years, we've found that 92% of local government authorities have experienced a disaster, and this represents thousands and thousands of children. And from our own experience of delivering the disaster recovery specialist service that I lead, we found that we were so many times working with children with their recovery from one disaster, for example, the bushfires, and then that very same week, the children were experiencing repeated evacuations, school closures, road closures from another disaster such as flooding. So this is something that we are seeing more and more in our work that children and families are not only experiencing a disaster, but then they are recovering and preparing for the next disaster at the same time, and this is completely changing their childhoods. So I'm so glad to be having this conversation now.

Michelle Roberts (01:56):

I think that's a great intro, Sarah, to think about the notion of the compounding effects of multiple disasters with children. And I'm thinking in terms of the fact that I personally and professionally feel that we underserve the needs of infants and children and young people in the context of disaster. We acknowledge that from the period of conception through to childhood is a period of growth and development, and it's never repeated with the same massive growth and development that occurs during that period. And yet we also know it's a period of unique sensitivity and vulnerability to adversity and harm. So it seems somewhat out of step and ironic to me that we are slow in actually assisting our very youngest parts of community in managing this increasing occurrence of climate-related disasters. I went back and had a bit of a think about some of the beautiful work that UNICEF and Royal Far West has done over the past five or six years in particular.

(03:00):

And after the disaster report, which was looking at the 2019, 2020 bushfires, but there was also some work previous to that that focused on drought, that report identified that climate-related disasters also compounded existing disadvantage. So that's something to hold in mind when we're talking today about this topic. The report identified that 26 months after the fires, children and young people continued to experience climate-related disasters, and that aligns with what you are observing in your work. So 1.4 million children are noted in that report as having experienced climate-related disaster or extreme weather events. And in fact, a child born today will experience three times more climate-related disasters compared to my generation being a child of the 60s. So Sarah, you're right about it's an important conversation. I'd be interested to hear, Sarah, from you, how has your own and our collective understanding of children's experience of trauma changed over time? What have you seen?

Sarah Eagland (04:08):

Well, I think that what was really stark in regards to supporting children of disaster was really their invisibility. When we first started this work back in 2020, it was quite striking that there was more detailed planning for livestock than there was around supporting children's recovery from disasters. And the invisibility of children had really led to their needs being overlooked and misunderstood. And there were some really important misunderstandings or myths that perpetuated this. One is that children are just too young to be impacted, or if they are affected, they'll just grow out of it. This magical resilience they're supposed to have will enable them to bounce back. Another myth that we found was that the thought that disasters affect all children in the same way, so their recovery needs will be identical when actually they're not equal opportunity events and a child's preexisting disadvantage will really affect how they're impacted and what they need for recovery.

(05:08):

And so children as a whole are especially vulnerable to the impact of disasters or physically, emotionally, developmentally, but then children who have other complexities in their life and children, particularly in rural areas as well, are disproportionately impacted. So I guess what this meant for me as a social worker being asked to lead a new service to support children's recovery from the 2019-2020 bushfires was that it was really quite terrifying because we wanted to help, but we had no idea of what to do. And there's no worse feeling. And I didn't want to be arriving in communities tasked with helping and not have a clear idea of what would work. So the first thing we did was to look at the research and to see what does that tell us about effective interventions? That's where it was more disappointing as well that there was no research to guide.

(06:01):

So one of the most important things I think for us as a team was to look at what we did know, what our existing skills were, and then also to seek help and to learn from others, both experts in Australia and overseas. And that's how you and I connected, isn't it? Is that we knew you'd done some really important work in this area over many years, and I reached out to get your perspective and advice on what we should do. And we did that many, many times, whether it's with the developer of the Birdie's Tree Resources or my colleagues at Emerging Minds, and that was really helpful. We also looked overseas actually, and one of the most helpful contacts was from the clinical lead who was supporting children's recovery after the Grenfell devastating fires in London. So it was really good lesson in reaching out where there are gaps in knowledge to understand from the wisdom of those that have gone before. That was really helpful.

Michelle Roberts (06:52):

Finding people that have the experience could be really, really helpful when we are doing this work because there are pieces of research we could refer to, maybe not as much as we would like. And I smiled when you said that because when I began this work in 1983 with the Ash Wednesday bushfires, it's often referenced that when one of my colleagues went looking for articles to do exactly the same process as you to think, oh my goodness, where do I begin? She said there were 10 articles in the whole world that even made mention of children. So Ash Wednesday in Australian history of managing the psychological impacts of disaster, that was such a turning point for us to even start to think about what the psychological impacts were. It was when post-traumatic stress disorder was making its first appearance in the DSM. And again, it was so adult focused.

(07:51):

The other thing I want to pick up on from what you just said, and it's something that I wish everyone automatically understood, was working in disasters is different to our everyday work, and it is becoming everyday work for more of us because they're occurring more frequently. But I love the fact that you guys looked at what skills you already had and were using in your work that were transferable. Because when I speak with new practitioners to disaster work, they often feel de-skilled, overwhelmed. They want to breed along with them their knowledge of interpersonal trauma work, and yet they feel like there's a mismatch between what they're seeing in a disaster and what they've done in that context. And there are similarities, but there's also differences. So your team started with a position of this is what we've already got that we could move forward with.

(08:52):

These are the gaps in our knowledge, and this is where we can fill those gaps with wisdom, practice wisdom and evidence. What was your next step after that?

Sarah Eagland (09:02):

That point you've made is so true, Michelle. We would see that so many times, incredibly talented, experienced, knowledgeable people working communities who felt completely powerless and de-skilled. And we weren't coming in as experts to say that we have the magic knowledge. It was actually about bringing in a framework that could help them to recognise the skills they had and to support them with that. Yes, and getting back to, I guess our story, which began in 2020 as a charity, Royal Far West supports children's health and wellbeing who are living in rural and remote areas. And we found that after the bushfire, so many of the children and families we work with had devastating impacts and we wanted to help. And we saw that there weren't many services that were able to help. And fortunately, a partnership with the UNICEF meant that we could design a whole new programme.

(09:49):

And the partnership with the UNICEF Australia was so valuable in that they understood that the research wasn't clear on what was the most effective intervention. So they trusted us to develop a model and at the same time evaluate it. So we had a partnership with Charleston University to look at, is what we're doing effective? Is this sudden that could be scaled and transferable? So that was a really good starting point that we started from a position of we don't know the answer here. We have very good idea. We have some very wise people to guide us, but we're going to test and to hear back from the children, the families, the schools, is this what you needed? And so one of the key things I think as well would be taking that first step of listening, really not rushing in. We heard from many communities who were inundated with really well-meaning offers of help, truckloads of school bags were arriving, and they didn't need that.

(10:41):

They needed a generator. So it's important that when you want to help that you take the time to listen because each community that we worked in had been impacted in their own very unique way, and they had their own very unique challenges and strengths that existed before this disaster. So if you don't understand that, you really can't help effectively. So I would say that listening would be one of the things that would be taking the time to do that is time incredibly well spent. In developing the model, I mentioned that contact from the clinical lead at the Grenfell Disaster Response was really helpful. And one article that was shared with me was by an American called Stevan Hobfoll, who in 2007 had kind of got frustrated with the fact that we don't really know how we should effectively respond to mass trauma, community traumas like disasters or war.

(11:28):

So he actually brought a group of world experts together so that they could share their knowledge and come up with what is it that will help in recovery for this? And after much deliberation and debate, the group concluded in something actually quite simple, that it's really about providing a sense of safety and calm, about having a sense of control about what's happening and hope as you look to the future. And the more that we can do that and support children, families, schools with that, then the more likely they are to recover and thrive afterwards. And what I loved about the framework is that it is so simple that we actually would use this with families and schools to help them understand, well, what are you doing now to support calm and safety for the children? Keep doing that, keep doing more of that. What could we be doing to support children with hope?

(12:17):

Keep doing more of that. What are we doing to help children with feeling they've got some sense of control? So it was something that wasn't some lofty textbook that you had to translate into plain English. It was plain English that everybody got, and that it instantly then reassured people that you do have these skills. And we applied it to ourselves. It helped us keep calm and safe and feel like we had some efficacy in this situation.

Michelle Roberts (12:39):

Can I say, I know when I do training with colleagues and we look at psychological first aid as that lovely universal intervention, and it's such a strength-based approach as well. I see people look at me with doubt in their eyes that something that seems so very practical and simple has such an impact, a positive impact. And I think it's useful to identify, it's one of the differences about our starting point when we are working in disasters is that this is an event that people have experienced because often the disasters we're dealing with here in Australia are climate-related hazards that then impact communities.

It's a shared something. So that move from individual to collective I think changes the way in which our interventions change as well. So those universal psychosocial interventions are so foundationally important. And then of course using a step care model, if need be, we can move to targeted and then to the more individualised therapeutic interventions.

(13:49):

But we're starting from a strength-based belief. Our practice stance is that something has occurred in the life of people and we're actually looking to support them in their coping strategies that are adaptive and work well for them. And they are as basic as feeling and being physically and emotionally safe. And sometimes when I work with children after a disaster, their complaint is that people lose hope for them and that they make reference to them as being bushfire scarred or storm affected, therefore they're less capable in certain areas. And it's almost that concept of the narrative is written that they are damaged in some way. So that hopefulness is the essence of recovery really, hopeful that this is something that has happened that you can and will recover from and move forward. So you've got some really good practical experiences of community recovery and within your community work, and often that's a school community that you work with, isn't it?

Sarah Eagland (14:56):

Yeah, so perhaps give a little bit of background to our model as well before I give some examples of what we did in practice. And I think what was exciting about designing this model, which now we've actually delivered in over 80 communities in New South Wales and Queensland, we started very small in that first year and then we've gone on to attract further funding and be able to help more children and families, which has been great. And I think what people have commented is different to the model is that it's flexibility and the way it combines both high reach and also intensive support. So we are able to work with the school community as a whole, but then for those that need additional and more targeted interventions, we can offer that. So what we do offer for children is groups based off usually on the Stormbirds or Seasons for Growth programme.

(15:42):

And then for those children that need more support, we can offer individual therapy from the multidisciplinary team. We have OTs, speeches, social workers, and psychologists. And then we also work with the educators and also the families because we know that, of course, to support children, you need to work with all the important adults in their lives. And as I've said earlier, it's such a flexible model that what we did when each community was quite different depending on the needs that they had. We were able to spend time in community, in person, delivering services, and then we would support that then through telehealth. So we were able to cover a lot of different communities and also to respond when the need shifted from bushfire to floods. We were able to apply the same model. And perhaps to illustrate what this looks like in practice, I might talk about a community on the South Coast that we worked with that were absolutely devastated by the bushfires.

(16:33):

And I remember the principal saying, "The level of anxiety has risen and it has never gone down." And he said, "That's not just the children, that's the children, the parents, the teachers." So the whole community was a state of really high anxiety. And through listening and understanding what their starting point was, we could tailor the support. So what they wanted first was direct help for the children. So we focused on those Stormbirds, which is a disaster-specific programme from MacKillop. It's a children's group that we delivered in many of the schools we worked in, working with groups of probably up to eight children, and we would deliver it intensively over a week or it can be delivered over

several weeks. And we started working with the children with that and then identifying children for individual therapy. And it was interesting, it took about a year before they said, "Well, we'd really like some support for the educators now." Many of whom who'd lost their own home, they'd been incredibly impacted by the disaster, but then also as part of the school community being one of the key organisations that actually were supporting recovery from day one.

(17:35):

So often they were places evacuation. Everyone was really keen to be able to offer children that safety and calm by getting school back to normal, their routine. So it was only after a year that the educators were able to stop and think, "Right I need to think about my wellbeing now." And often what they wanted more than anything was actually some sessions focused on that, as well as then also understanding how disasters impact children and what they can do within the learning environment.

Michelle Roberts (17:58):

I love hearing the progression of this. And I'm thinking while you're talking about this, the wisdom of working with the children, and you use Stormbirds almost as a triage process in some ways. There was a level of triage for kids to be invited into doing Stormbirds, but then there was a further monitoring and evaluation occurring through that programme. So already there's a really lovely foundational principle mentioned in terms of monitoring the children, watching what evolves for them, shoring them up when it's indicated, but knowing that we have to also work with the adults around them, and that includes family. The educators' needs being addressed 12 months later is something I find really fascinating, and I've seen it happen time and time again in my own work. If I think about the Black Saturday fires in Victoria in 2009, we learned such a lot during that period of the horrific fires, the high level of deaths that were accounted for in that event, the devastation to the landscape that people experienced and experienced over many ongoing years and still for some communities.

(19:15):

And I think about going into schools myself and working, and educators would say to me, when I come to school each day, I want to leave my own personal losses from the fires at the gate and come in and feel like I'm the professional who's in control and knows what she's doing. And then when I leave at the end of the day, I pick up at the school gate my personal woes and attend to them. But that only lasted for a while because people found it was too difficult to do. And we often speak of the importance of getting kids back into childcare, their early learning, their schooling as part of our strategy of recovery. That's not really effective, I find, if in fact the teachers aren't recovered sufficiently themselves to meet the needs of the kids when they come to school. So it's this lovely dance, I think, between supporting the adults in school communities and broader community to be able to co-regulate, to have enough knowledge about how best to support themselves and the children.

(20:21):

Everyone knows to put your own oxygen mask on first example. So timing is really tricky in this work, and timing is as individual as the individual in the community. And so much of the work is responsive, which can be quite stressful as a practitioner to always be measuring where are we at? What are the needs? How do we address the needs? This person's ready for this, but this person isn't. So what you would've done in one community would be really different to the other 79 communities that you've worked in, I imagine, with some common themes running through it. Would that be a reasonable summary?

Sarah Eagland (21:05):

Absolutely. Yes, it's very unique. And sometimes when listening to what communities needed, you think, "Oh, I'm not sure about that," but they were always right. So it was really interesting to really step back. You're not coming in as the expert with the answer, you're coming in to listen, and then you can talk about strategies and resources that you know that other families or schools have found helpful, and then helping them with that. And it was interesting when you mentioned about the stormbirds because many teachers were trained in it immediately after the fires and asked to deliver it for the children. And we found in a few schools that they actually found that a bit tricky and preferred that either we supported in the group or that we did it with them. And then once we'd done the group with them co-facilitating, then they were able to continue once we'd gone.

(21:53):

Because obviously what our aim is to make sure we are building confidence and skills so that when we aren't there, that people feel they've got the knowledge and skills to continue. One thing I'd like to just say about understanding children's needs is that the children will not come and say to you, "I'm really upset about the disaster. This is how it's affecting me." What we would find time and time again is that the children were not talking at all. And we'd sometimes get schools saying, "I think they're all fine. No one's mentioning it." But then as soon as the children had the opportunity and the space to be able to talk about their experience, they certainly weren't fine. And what they spoke about was really significant, a terrifying experience they had, and then how the longer term effect it was having on them, whether it was intrusive thoughts, disturbed sleep, not being able to concentrate, irritability, having friendship difficulties, difficulties at home, losing interest in activities they used to do, losing recreation areas.

(22:48):

They couldn't actually do those activities they used to enjoy. Stomachaches, headaches, a whole range of things. And I remember a little boy saying to me, "I thought I was going mad." And he was so relieved to be able to share with his friends in that peer setting as well that, yes, I've been feeling like that too. And yeah, that was really scary.

Michelle Roberts (23:05):

So how many kids are really worried about their parents or their teachers and don't want to add to the distress of their carers because it makes them frightened, but also they don't want to add to the burden. And I see exactly what you're saying. Kids who suspend their own needs to be protective of their carers or children that become parentified and look after their siblings or their parents, and then eventually their own needs are

Sarah Eagland (23:37):

Identified. Exactly. Yeah, so true. And I think disasters impact the whole family, and so children are really worried. Parents might be really preoccupied with trying to get accommodation. There were a lot of job losses and all those practical focus that children felt they didn't perhaps have the space to be able to have extra worry. And what we would hear from parents after children had shared how they're feeding the group, they say, "Well, we started talking about it at home and it's been so helpful." It was a relief because the parents weren't wanting to bring it up as well because they didn't want to upset the children. So it kind of gave them a permission to talk about it.

Michelle Roberts (24:09):

Well, there's a fear about re-traumatizing. I hear parents using that term and they'll say, "We just want everything to go back to normal. And we don't want to talk about it because people, including ourselves and our kids, become distressed and we don't want to re-traumatize." And what often happens is that the message children are getting is that this is too terrible to talk about, and yet there's a need to make sense of it. And talking about it and playing about it and drawing about it are ways to help make meaning of what the experience is and to share strategies for coping with the big feelings. And you write about in families, the imperative to have a roof over your head, to have stable accommodation, to look after any income that's coming in, to manage the myriad of tasks that come with having lost your home or your environment or your sense of predictability and safety in the world.

(25:10):

And really families benefit from sticking together, taking a big breath and planning together. And it's one of the things that you and I are both really conscious of is advocating for children's involvement in that recovery and their voice being heard around what would be useful for them. What do they think they'd like to see in the rebuilding of the house? Involving children is one of our strategies for helping them in their own recovery. It's so important.

Sarah Eagland (25:40):

I agree totally. And I think with preparedness as well, the more that children are involved in preparedness, it really helps calm and reduce their anxiety. So yeah, absolutely agree with that. And I think that focus on feelings and recognising how you're feeling, how it is in your body, talking about those feelings and thinking of strategies that help is a common theme both in our work with children, but also with the families as well through parent groups such as Tuning Into Kids or Circle of Security, which are very much based on relationships and emotions. So that was what we heard was really helpful for families.

Michelle Roberts (26:16):

Can I jump in about families as well? Because we have two amazing researchers here in Australia, Vanessa Cobham and Brett McDermott, who did some work after the Queensland floods in 2011. And they looked at Disaster Triple P Parenting Programme. They looked at how to support parents in supporting their children. If people aren't aware of that piece of research, it's well worth going and having a look at their beautiful work because they really actually helped conceptualise a framework for responding to the needs of infants and children and their families after a disaster, as well as building the ecosystem of the community to be responsive to children's needs as well. And when you were speaking before about Hobfoll's work with building the psychological first aid framework, I want to call out that Australia's Richard Bryant was on that committee of 20 experts who was able to look at where the PFA structure was and did it match our culture?

(27:23):

Often things are culture specific as well. And so the nuance of PFA is how universal it is. So wanting to recognise the expertise we've got here in Australia.

Sarah Eagland (27:35):

Yes, I love Richard's work and we learned so much from him and it was fabulous. I absolutely agree there. And perhaps returning to the Hobfoll principles in that example of the community on the South Coast, I just wanted to talk a little bit about community as you'd mentioned, and how one thing that I felt I learned a lot from was, I think this was probably two or three years after the bushfires. And since

then they did experience subsequent floods and other challenges. But the school was busy preparing for a really big school spectacular. It was kind of a celebration of the end of the COVID lockdowns and being able to get together and the children were practicing for months. It brought the parents together to watch. It ticked so many of the boxes of the Hobfoll principals so the children increased their sense of control and feeling that they were good at something and that connection with others, connection with the teachers, they enjoyed the movement, they felt safe, they felt calm.

(28:32):

And it was so interesting. The school invited us to the spectacular. It was just an amazing evening. And afterwards talking to the principal, and we'd already been talking with him about the Hobfoll principles and how that fitted with the school's recovery. And he said, yes, this is exactly what we need for disaster recovery, but it isn't the first thing that would come to mind when you're thinking about how to help a school after disaster. And it doesn't mean that every school should have a school spectacular. But for this school, it meant that parents had been isolated in the lockdowns and the relationships with school and with each other had deteriorated. It really helped with that. And he actually then took that framework to advocate for funding around this, to say that basic, don't tell me what I need for recovery. Let me tell you what I need for recovery and then please help me with that because there may be some resources or support that I need, but I do know what I need.

(29:21):

And so I think that was a really beautiful example of the variety of ways that the Hobfoll principals really helped give what was a very flexible programme, really clear structure.

Michelle Roberts (29:29):

It really assisted with connection, hope. All of those principles were demonstrated in that case example. We've explored how our understanding of children's experiences of disaster has evolved, why children have too often been overlooked in recovery, and some of the key principles that can support communities in responding. In our next episode, we shift our focus to what trauma responsive care looks like in practice, including how we can support children and families after a disaster builds psychologically safe, multidisciplinary teams, and strengthen recovery across communities. Thanks for listening to the Mental Health in Practice podcast from the Mental Health Professionals Network. If you'd like to learn more about today's guests or access related resources, visit this episode's landing page. We'd love your feedback, and you'll find a short survey on the landing page to share what was useful and what you'd like to hear more of. Thank you very much, and thank you for your commitment to multidisciplinary care and lifelong learning.

Host (30:32):