

CASE STUDY

Developing evidence informed practices for children and families recovering from disaster

October 2024

PARTNERS



Implementation case study

Emerging Minds–Royal Far West partnership to improve mental health support for children and families affected by disasters

1. Introduction

Royal Far West (RFW) is a national charity established in 1924 to support the developmental, mental and behavioural health of children living in rural and remote areas of Australia. In the aftermath of the 2019–20 Black Summer bushfires in NSW, the organisation partnered with both UNICEF Australia and The Paul Ramsay Foundation, utilising philanthropic funding to establish RFW's Bushfire Recovery Program (now known as the Community Recovery Program). The program works with pre-schools and schools to provide support to children (0–12 years) and adults around the child including parents/carers, educators, local services and community leaders. The primary aim of the program is to reduce the long-term impacts of disasters on the wellbeing of children.

Through a combination of philanthropic, NSW state and Commonwealth funding, the program has worked with more than 3,000 children and their parents and carers in 60 fire, flood, storm and drought impacted communities, predominantly in rural coastal regions of NSW and Qld. The program is delivered by a multidisciplinary team of social workers, speech pathologists, occupational therapists, clinical psychologists and program coordinators through a combination of face-to-face outreach activities in schools and preschools with ongoing support provided via technology, including 1:1 telecare therapy for children.

Emerging Minds (EM) released the [Community Trauma Toolkit](#) developed with the Australian National University in response to the 2019–20 bushfires. In establishing its Community Recovery Program, RFW reached out to EM through an EM staff member who had previously worked with RFW. Since then, over the past four years, a partnership to improve mental health support for infants and children in the context of disasters has evolved between EM and RFW.

2. Methodology

Emerging Minds works with implementation partners in a highly contextualised way, in terms of the differing organisational and sector needs it responds to, the initiatives it develops, and the outcomes it seeks with partners.

To improve our understanding of whether these partnerships are effective and why, we have used a realist case study approach to provide a framework for analysing varying contexts, change processes and outcomes. Realist evaluation¹ is a theory-driven approach that asks, 'what works for whom and in what circumstances? (And how and why?)'. It recognises the importance of contexts in achieving desired program outcomes and is commonly used in evaluations where there is wide variability in the contexts in which programs are delivered. The unit of analysis in a realist evaluation is the mechanism of change in context – or how actors respond to an intervention/initiative (refer to definitions in Table 1).

A case study design has been used for in-depth investigation of partnerships. Case studies are an established social research method useful when seeking to understand how and why social phenomena work². In this instance, the case study method enables the inclusion of multiple perspectives for each case, and exploration of contexts, interventions, change mechanisms and outcomes in varying settings.

Selection of case studies

Partnerships selected for case studies are expected to provide opportunities to examine change processes in differing contexts and are considered exemplars in terms of the progress they have made in implementing practice improvements at both organisational and system levels. The case studies are therefore not necessarily indicative of EM's partnerships, but include experiences and learnings that are expected to be relevant to other organisations and systems.



¹Pawson R, Tilley N. (1997). *Realistic evaluation*. Sage Publications, Inc.

²Yin R. (2007). *Case study research*. Sage Publications, Inc.

Recruitment of interviewees and focus group participants

A realist evaluation approach requires data collection from key informants with experiences of the relevant implementation processes, changes and outcomes that resulted from the initiative, and who bring a range of perspectives. EM's staff and partner organisations identified key informants who were able to participate in informed discussion about implementation and change processes.

Data collection

Interviews were conducted using discussion guides that drew on Pawson³ and Manzano's⁴ recommendations for conducting interviews for realist evaluation. Semi-structured discussions were used to explore descriptions and objectives of initiatives, contexts in which participants were working, experiences of participating in partnerships and initiatives with EM, results to date of each initiative, barriers and enablers of implementing change.

Interviews also included explicit discussion about the theories and expectations which informed each initiative, with participants asked to respond to EMs' expectations of how and why an initiative would work and if and how this differed in practice.

Interviews were conducted over Microsoft Teams, recorded, and transcribed by an external transcription service. Transcripts were checked by participants for accuracy and completeness before being imported and analysed in NVivo.

Data analysis

In analysing data and developing context-mechanism-outcome configurations, the following definitions were used:

Table 1: Definitions used in analysis

Initiative	The agreed activities that Emerging Minds delivered in partnership to achieve agreed outcomes.
Context	The internal and external environmental conditions within which the initiative was delivered and that influenced (positively or negatively) the achievement of desired outcomes.
Mechanism of change	A change process that occurred as a result of individuals responding to the initiative.

Outcome

Any process or impact outcome – expected or unexpected – that resulted from a mechanism of change.

Data analysis was carried out by members of the Emerging Minds Research and Evaluation Team who had not been directly involved in the initiative.

A thematic analysis framework was used, using the following pre-determined coding categories: Initiative, Internal context, External context, Change processes, Outcomes, and Individuals. Inductive analysis was then used to generate case-specific themes within each of these categories. Related themes were grouped and the relationships between themes in each group interpreted, before themes were consolidated into mechanisms of change.

Reporting

Draft case studies were reviewed by all interviewees for accuracy, readability and meaningfulness.

Study participants

A total of seven people were interviewed for the case study, including six RFW Community Recovery Program employees and one EM staff member (Table 2).

Table 2. Interviewees

EM	Disaster Recovery Program Leader
RFW	Head of Community Recovery, Social Worker
RFW	Team Leader, Occupational Therapist
RFW	Team Leader, Social Worker
RFW	Social Worker/Acting Team Leader
RFW	Social Worker
RFW	Clinical Psychologist/Discipline Lead

³ Pawson R. (1996). Theorising the interview. *The British Journal of Sociology*, 42, 20.

⁴ Manzano, A. (2016). The craft of interviewing in realist evaluation. *Evaluation*, 22, 342-360.

Study limitations

A limitation of the methodology is that it relies on only qualitative data as no quantitative data was collected on outcomes of training sessions, or potential subsequent changes in practitioners' confidence levels or practices.

3. The initiative

The initiative explored in this case study is a partnership between RFW and EM that included three streams of interaction: (1) RFW workforce development; (2) development, testing and translation to practice of evidence-informed resources and approaches for working with children, caregivers and educators affected by disasters; and (3) jointly contributing to development of the emerging infant and child disaster mental health sector (Table 3).

Table 3. Initiative description – what was implemented as part of the Emerging Minds–Royal Far West partnership

<p>(1) Whole-of-program workforce development support</p> <p>Tailored workshops developed with RFW to be context-specific, applicable across the multidisciplinary team, and responsive to challenges being experienced by staff in the field.</p>	<ul style="list-style-type: none"> • Guidance in using EM's resources with different audiences including the Community Trauma Toolkit, infant and child mental health resources, and parent engagement resources and practice guides. • Two workshops (1.5 hours each plus pre-work) on Community Trauma Toolkit – foundational and practice-focused • Two workshops (1.5 hours each plus pre-work) on working with parents and caregivers and the impact of adversities including family violence, mental illness and substance misuse. • Reflective meetings after workshops
<p>(2) Adapting, testing and developing resources for the disaster recovery context</p>	<ul style="list-style-type: none"> • Feedback on using the Community Trauma Toolkit with parents and educators in varying contexts • Feedback on usability in the disaster recovery context of resources including the PERCS Conversation Guide for engaging with parents • Co-development of resources including a podcast, webinar and an infant and child mental health practice guide for supporting children's mental health in disaster contexts
<p>(3) Sector leadership</p> <p>Jointly contributing to the emerging infant and child mental health disaster sector.</p>	<ul style="list-style-type: none"> • Nationally promoting evidence-informed approaches to supporting infants and children in disaster recovery • Presentations and submissions • Membership of the National Infant Disaster Mental Health Committee

The two organisations identified a shared commitment to improving support for infant and children's wellbeing and complementary expertise. In the two-way exchange, RFW benefitted from evidence-informed training and resources that can be used with both families and educators in the communities they work with. EM benefitted from implementation learnings as RFW applied the Community Trauma Toolkit in a range of community contexts, and adapted child mental health resources for the disaster recovery field.

The two organisations also supported each other to play a leadership role at a national level in promoting evidence and good practice in child mental health disaster support. This included conference presentations, government submissions and active membership of the National Infant Child Disaster Mental Health Advisory Committee (NICDAC).

4. External context of the partnership

The RFW Community Recovery Program was established and operates within an external context of distinctive factors that bring both challenges and opportunities for RFW. Influential external context factors are outlined following. These are factors that existed prior to the EM-RFW partnership, and that have had a mediating impact on change processes and outcomes.

Rural populations

The families and communities the RFW Community Recovery Program works with are rural communities, not only because RFW is a service for children in rural areas, but also because rural areas are disproportionately affected by disasters.

‘... it very much was families that we support through our assessment program, our existing programs that were impacted because of the areas that they lived and where the disasters were focused.’ [RFW3]

RFW interviewees pointed out that the families they work with have often lived with environmental stressors such as drought and floods over long periods of time.

‘Prior to the 2019/20 bushfires, many of the families that are supported by Royal Far West were really heavily impacted by that extensive period of drought for many years... So it’s always been something that’s been a key stressor for many families that are living in regional and rural areas of New South Wales and Australia.’ [RFW6]

In addition to responding to family and community needs resulting from disasters, the RFW Community Recovery Program is delivered in contexts of high levels of pre-existing health needs and population vulnerabilities, due to lack of services and socio-economic determinants.

‘There’s a lot of pre-existing developmental needs, mental health needs for children in these areas. All the research shows the developmental vulnerability is higher in these areas.’ [RFW2]

‘Through the work we’re realising that some of the needs of parents were quite high, or they had their own mental health drug and alcohol trauma history themselves, and with every parent being very unique.’ [RFW4]

With extremely limited local health services, and long distances for families to travel to referred services, staff in the RFW Community Recovery Program have found that they need to be equipped to identify and respond to a range of long-term unmet health and wellbeing issues that impact on families’ abilities to recover after disaster.

Infant and child disaster mental health is a new field

All interviewees described the mental health needs of children after disasters as relatively neglected by researchers, funders and policy-makers until the last 4-5 years.

‘I think the disaster area itself... was just an area where children were very much dismissed or invisible in that there was a focus on practical measures... The focus was like, “If you look after the parents and adults, then the children will be alright.”’ [RFW3]

With the evidence on what works when supporting children after a disaster still emerging, RFW was keen to ensure that the practices of the new Community Recovery Program were consistent with the best available evidence, and that general resources on supporting the wellbeing of children and their families could be safely and rapidly adapted to practice in the disaster recovery context.

‘We needed to ensure that as evidence was emerging... to be really up to date with the current understanding.’ [RFW03]

‘It’s still really hard to be clear on what does support infants and children in disasters. And it’s a murky, muddy space to be working in. And that’s a really challenging work environment.’ [EM]

A view was also expressed by a team member that there is in fact a lot of evidence about infants’ and children’s development and wellbeing, and that there has been a lag in governments recognising the importance of this child-specific knowledge in the context of disaster recovery.

‘We have a lot of knowledge now about attachment and trauma and things like that. But I think there’s also still barriers... maybe there’s a lot of, I guess, other assumptions that people have about children’s experiences and about children’s development...’ [RFW5]

Due in part to communities’ recent experiences of disasters, RFW’s program leaders described a shift in government thinking towards greater recognition of the long-term risks of disasters to children’s development.

‘The government has really shifted in the last four or five years... obviously the intensity and frequency of disasters has obviously been off the scale the last four years... and the government currently now would be saying that... “We know that Australian children are having frequent intense disasters.” So there’s that real acceptance that this is a huge issue.’ [RFW3]

Mental health needs in communities take time and skills to identify

Interviewees outlined a number of reasons why responding to the mental health needs of families and communities can take time, trust and skill. Firstly, people can have a wide range of responses to disaster and it may take some people longer than others to express or display mental health concerns. Also, the primary focus of families and schools in the aftermath of disaster is on attending to practical needs such as cleaning or re-building homes and community buildings, rather than people's emotional needs. Having tools and resources to effectively engage families at different stages of their recovery journeys has been important for the RFW team to address children's and parents' wellbeing needs sensitively within a limited timeframe while there are multiple competing demands on families.

'And it might be six months after the disaster and the family are feeling like they're back on their feet and back in their home and how to have that conversation with the parent around, "Well, have you thought about what Johnny's experience was like of the fires and have you opened up that conversation with him and is it something that he might still be worried about? What else did you notice change around that time?"' [RFW2]

As well as identifying needs, the RFW team has a role in identifying community strengths that can be mobilised and supported to build community resilience. In their work with schools and preschools, RFW staff built the capacity of educators and school counsellors by building on professional and local knowledge.

'I remember a really experienced school counsellor just saying she had no idea what to do to support her school community. And it really was about sharing the information where she could go, "Oh, actually, yeah, what I'm doing is right. And actually, I do know what to do."' [RFW3]

Disaster recovery funding is time limited

The RFW Community Recovery Program was first launched as a pilot program with philanthropic funding. This enabled RFW to develop and evaluate its model, and demonstrate to government that the program brought specific skills that addressed needs among children and their families that were not otherwise being met.

'Initially, there was no government funding, and it wasn't just they weren't giving us funding, there was no services for children.' [RFW3]

With the support of UNICEF Australia, RFW developed the Bushfire Recovery Model in early 2020, delivering services to disaster-impacted communities across

four Local Government Areas (LGAs) in NSW. With further philanthropic support from the Paul Ramsay Foundation, the service was extended to additional communities across three more LGAs. Following promising [early-stage evaluation data](#), a matrix of philanthropic, NSW state and Commonwealth funding has supported the program's growth. In response to the 2022 floods in Northern NSW and South-East Qld, the program received 21 months of funding through the Commonwealth Department of Health and Aged Care.

All health and community services experience funding challenges, but the time-limited nature of disaster recovery funding is particularly challenging in terms of mounting and delivering a program quickly, responding to community need within the approximately 18-month funded period, and maintaining a skilled and dedicated team of in-demand health professionals between the funded periods. While interviewees mentioned the impact of short-term funding on employment security, the bigger concern was that, in their experience, the funded periods are not long enough to provide sufficient support to communities. Interviewees described families and schools feeling like they had been forgotten when the funding period ended, despite having continuing recovery needs.

'I think the number one [challenge] is the funding. The fact that we know research is saying that disaster response needs to be three to five years post a disaster and yet, some of the time, because of our funding we're in community for a year or two years, which just we know from the research is just not good enough. It's just not what communities need.' [RFW4]

'... all the coming in and out again isn't what actually works best for communities. And unfortunately, we don't want to be a service that does that, but we're restricted by the funding that we receive.' [RFW1]



5. Internal context

Despite the challenging external environment, the EM–RFW partnership has brought together a combination of organisational objectives and characteristics that have helped drive rapid progress from the initial program setup to an established community recovery model with evidence-informed practices and resources. Influential internal context factors are outlined following.

Organisational values

A shared commitment by both EM and RFW to improving mental health care for children was an important precursor to the organisations' partnership in the disaster recovery space, facilitated by an existing professional relationship with an EM staff member. RFW interviewees spoke of a clear commitment to the health of rural children, and an organisational strategy of finding ways to reach as many children as possible.

'So just the fact that the organisation in general is really committed to that and you don't have to fight for even that point to be made.' [RFW4]

The common values of RFW and EM also extended to staff wellbeing, and a shared understanding of the importance of providing a supportive workplace to help reduce the risk of burnout and secondary trauma.

'I think there's a huge focus on staff wellbeing and psychological safety... I think that's been huge to support staff wellbeing whilst working with communities experiencing trauma... I think that creates more stability and everything in the workforce who then go out into community.' [RFW5]

Organisational needs and goals

A primary driver in the EM–RFW partnership was RFW's need to quickly establish a disaster recovery program for infants and children and deliver on its funding commitments. With a combination of existing and new multidisciplinary staff, there was a pressing need for trusted training and resources that could be used across the program.

'I think our biggest one [need] was we have confident health practitioners, but disasters was a new area for us, all of us and for Royal Far West. So that confidence in that space and skill in that space needed developing. Early days, we were like, "How do we get that and seek that?" And that led us to Emerging Minds.' [RFW2]

Initial training in applying the Community Trauma Toolkit, along with external training in delivering group-based programs including Birdie's Tree, Stormbirds and Tuning in to Kids helped shape the development of RFW's disaster recovery program model, including the timing and nature of

interventions with schools, children and parents and caregivers across the recovery process. After a year of fieldwork, the team identified a need for strengthening skills in supporting parents' wellbeing and worked with EM on creating this professional development program.

For EM, its needs in the disaster recovery field were focussed on monitoring the operationalisation of the Community Trauma Toolkit, adapting and developing disaster-applicable resources, and developing and testing training workshops that could inform the development of practice guides for other organisations. Like RFW, there was a sense of time pressure around this work for EM with increasing numbers of families affected by disasters and limited evidence-based resources available to guide services and practitioners.

In addition, both RFW and EM organisations have a well-developed systems perspective and saw an opportunity to join forces to share the knowledge they were gaining and build systemic support for infant and child disaster recovery.

'I think that is actually helping to raise the voice of children and for people to understand what kids need, but also what teachers need and what parents need in the aftermath of disaster, and actually putting mental health and wellbeing at a forefront rather than just the practical, how do you rebuild your house?' [RFW1]

Organisational capabilities and characteristics

As a 100-year-old organisation, RFW had an established reputation in rural communities for developing trusting relationships with families and delivering multidisciplinary services to support children's development.

'The fact that it's been in community for a very long time... so I think there's a real trust in rural communities, which we know is essential when you're working in rural and remote communities because they're so used to services coming in and out.' [RFW1]

The organisation had also demonstrated a resilience as an adaptive and innovative organisation that had found ways to overcome the challenges of geographic distance and work with other organisations to meet children's needs. It had sought to develop models of care that can reach children at scale, including piloting and adopting telehealth with children across all disciplines well before its rapid take-up during the COVID-19 pandemic.

'From my perspective, one thing I think that Royal Far West is really good at is being really adaptable to whatever gaps there are and just trying to fill them when it comes to children's health.' [RFW5]

EM was seen by RFW as a trusted source of practice development and resources, and particularly importantly, with evidence-informed resources on supporting communities following disaster. EM was also able to assist the new RFW program with developing content for educator workshops and translating resources into practice. EM's experience of meeting the training needs of a wide range of workforce groups enabled it to work with the multidisciplinary RFW team.

‘And I think what stood out to us early days and why the partnership has been so good is that Emerging Minds can provide that source of information that is easily translatable to the audience, to educators, to families.’ [RFW2]

‘And their resources are excellent. You always know it's so well-written, it's the right words, it's always the right balance of strength-based, but also not dismissing the needs, which is a fine line to get right. And then the variety of content they have is so good. So things like the presentation materials, we've used part of that in our presentations, but also, then there's fact sheets that we can give to families, to schools, there's podcasts.’ [RFW3]

‘... there was definitely resources that could be adapted more specifically for each of our key disciplines’ [RFW6].

Learning organisation

An important attribute identified by all interviewees is that RFW is a learning organisation, routinely applying a blend of induction, multidisciplinary and discipline-specific training, alongside regular practice support.

‘... supervision is prioritised, reflective practice is prioritised, your learning is prioritised.’ [RFW1]

In addition to valuing ongoing practice improvement, RFW considers quality professional development to be a selling point in a competitive recruitment environment, and an important contributor to staff wellbeing.

‘... to feel confident in your skills can really help with your wellbeing. There's nothing that makes you feel worse than trying to do a job where you think, “Actually, I don't know if I've got the skills for this.”’ [RFW3]

With a busy, geographically spread team, coming together as a program for training is challenging. The Community Recovery team addresses this by regularly quarantining time across the program for professional development. Discipline teams also meet regularly and discuss how emerging evidence applies to each discipline.

Organisational and program leadership

Interviewees described RFW Community Recovery program leaders as being highly committed to the program, to staff and to making positive differences in families' lives.

‘... I would say they're exceptionally motivated individuals. They're quite positive, and inspired, and driven. And they're really invested, and want to see this program work.’ [EM]

In addition, there appears to be strong and enduring leadership at the higher organisational level in pursuing new ways to meet the evolving needs of as many rural children as possible.



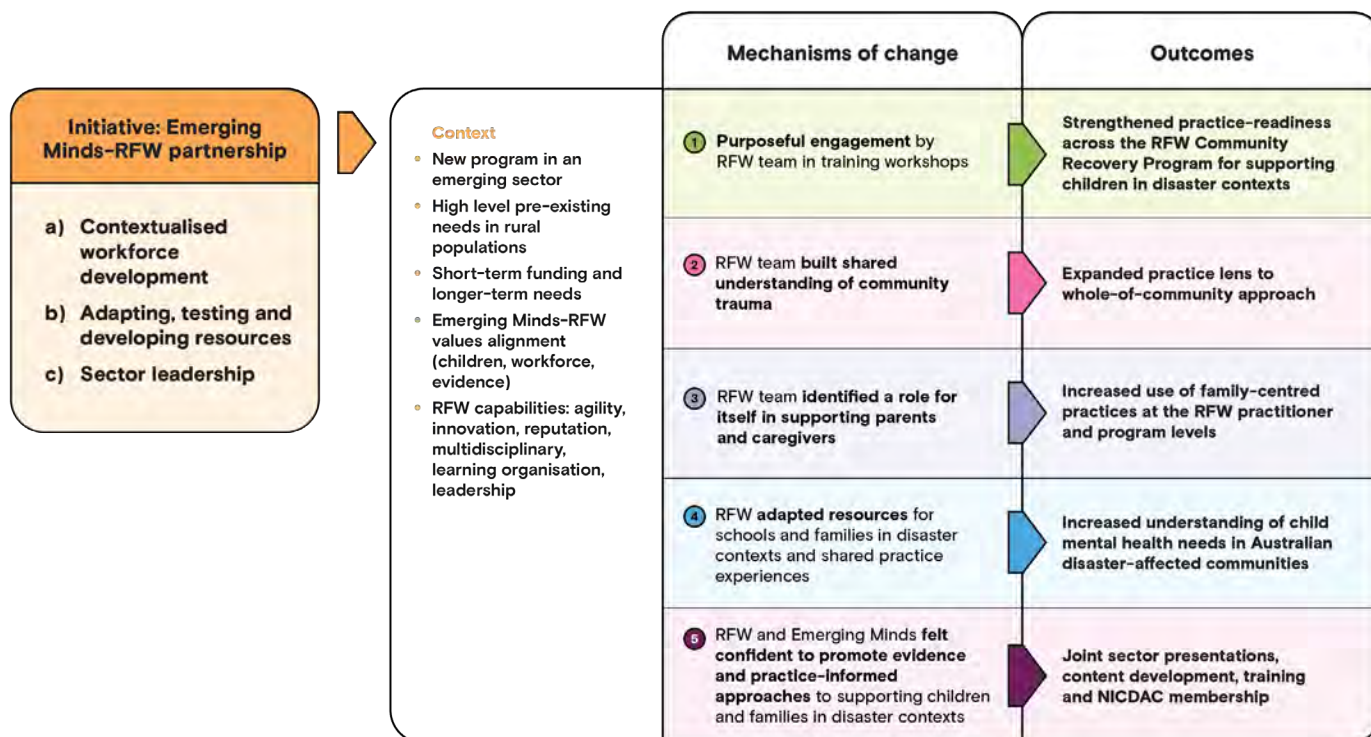
6. Mechanisms of change and outcomes

In this case study, the mechanisms of change describe the ways the RFW Community Recovery staff have responded to the EM-RFW partnership (the initiative). The five change processes outlined below appear to have been instrumental to achieving initiative outcomes to date.

The mechanisms of change were generated by grouping themes identified in the qualitative analysis, interpreting the relationships between the themes in each group, and consolidating these themes into five key mechanisms of change (Figure 1).

In addition to the professional development undertaken with EM, RFW staff have also taken part in other training, including Tuning in to Kids, Birdie's Tree, Storm Birds and Seasons for Growth. It is therefore not possible to attribute outcomes solely to the training undertaken with EM. However, there was a consistent theme across interviewees that the EM training and resources resulted in shifts in perspectives and practices among team members.

Figure 1. Context–Mechanism–Outcome configuration: EM–RfW partnership



1. RfW team members were purposeful in their engagement in Emerging Minds training workshops resulting in strengthened practice-readiness for the delivery of the Community Recovery program

‘It’s definitely met our outcome of upskilling clinicians to work in disaster impacted communities.’ [RfW1]

A total of four training workshops were undertaken with all Community Recovery Program staff, including recently recruited staff and staff who had already been delivering the program. In both cases, staff appear to have been highly motivated to enhance their knowledge and skills in order to equip themselves to meet the needs of the communities they were or would be working in. Training workshops were designed by EM with significant input from the RfW Community Recovery team and were highly relevant and contextualised to the team’s current practice challenges. The differing experience levels and professional backgrounds of the multidisciplinary team members were taken into account and participants were encouraged to be open about prior knowledge and knowledge gaps and to learning together. Workshop facilitation took on more of a ‘coaching’ rather than ‘instructor’ style, bringing the evidence base to the practice experiences and challenges of participants. Pre-work was set in the form of EM resources to be watched and listened to prior to the training workshop to help participants formulate thinking and questions before the workshops.

‘... felt really heard and seen in those trainings as well. Felt like it was a safe place to raise questions or share thoughts.’ [RfW4]

‘because it was so contextualised and so interactive... where it was really us pulling together what we observed in communities and how all of it links to what we were doing on the ground. So I think that was really helpful, just even to come together as a team and do that.’ [RfW5]

‘Having some prep to do was actually quite helpful to start thinking about how that knowledge can be used in practice.’ [RfW4]

All workshops were conducted online, and while this was challenging in a multidisciplinary group of 30 or more people, participants felt the structure of workshops provided ample opportunity for interaction including use of break-out rooms and Mentimeter for individual and group reflection. As opposed to training participation that can be more compliance driven, the RfW participants described purposeful participation with a focus on building practical knowledge and skills for immediate use.

2. RFW team members gained a shared understanding of community trauma resulting in expanding their practice lenses to a whole-of-community approach

‘The whole concept of community trauma was a new one to most of the team and most of the communities that we’re working with... really the work in the early days that I learned from was this idea of community trauma.’ [RFW2]

Foundational and skills-based training and guidance in the EM Community Trauma Toolkit facilitated a shared understanding among the RFW team of the concept of community trauma and its impacts not only on child development, but also on parents and caregivers, educators and the wider community. This more systemic thinking about child wellbeing has led to a whole-of-community approach by the Community Recovery Program that interviewees described as augmenting their 1:1 practices with children.

‘It’s great to look at it through a different lens, and some of the areas in that training perhaps broaden that lens and perspective. And so that’s really helpful... when I’m thinking through all the families on my case load, what have I got in my toolbox that I can pull on and be able to engage other members of this family to wrap around this child, or perhaps members of the school or external community.’ [RFW6]

Interviewees also saw a role for themselves in sharing their understanding of the impacts of disaster with the communities they work in, building skills and resilience among parents, educators and health professionals to support children and families through disasters in the longer term.

‘Because these are the adults that are on the ground the whole time... talking about things to look out for and monitor for their child’s behaviour and emotional wellbeing and how to open up conversations with kids around disasters.’ [RFW2]

‘I remember talking to a clinician... and she lives in the flood impacted communities... and when she was in community health, she was like, “I just didn’t know any of this, and yet all the kids that I was seeing were having these reactions.”’ [RFW1]

The increasing understanding of the Community Recovery team of the community impacts of disasters has led to all RFW programs (not just Community Recovery) routinely asking children and families whether they’ve had experience of disasters.

While team members have brought their own professional disciplines and experiences to applying a trauma-informed approach across a disaster-affected community, EM’s professional development and Community Trauma Toolkit appear to have played an

important role in providing a common understanding of how disasters affect communities and consistent tools to support a whole-of-community approach.

3. RFW team identified a role for itself in supporting parents and caregivers, resulting in more family-centred practices

‘So that was a shift for people to understand that... It’s not... just the social workers [who need]... to work with the parents. Actually, you can’t do your job properly in this context unless you look at the bigger picture.’ [RFW3]

With a range of professional backgrounds, RFW staff have varying degrees of training and experience in working with parents. Within 12 months of establishing the Community Recovery Program, program leaders and staff were identifying that they needed to be better equipped to respond to the needs of the parents and caregivers they were seeking to engage, particularly parents living with adversities that may have existed prior to disaster, such as mental illness, substance use issues and family violence. EM and the RFW leadership team engaged in a series of discussions about current evidence on the role parents play in children’s mental health after disasters, and two workshops were developed and delivered with a focus on evidence and practical skills-building.

RFW interviewees described a range of immediate practitioner-level outcomes from the training including greater insight into the experiences of parents experiencing adversity and how this affects their parenting; re-affirming existing knowledge and skills when working with parents in the context of trauma; and practice changes that strengthen support to parents. Interviewees also described sharing parent-specific resources with families, such as the parent self-care checklist from the Community Trauma Toolkit.

‘... that podcast was an interview with a dad who had his own mental health issues and his experience of how it impacts his parenting, and how he kind of navigates that. And then having those reflective questions, I think... was really great.’ [RFW4]

‘... for me as a social worker, it did help improve my practice working with parents, just a continued development of those, I guess, soft skills and having a bit more knowledge to drive my practice, and drive the support of parents has been really, yeah, I think for me there’s been a change in that and hopefully parents feel some sort of positive outcome from it.’ [RFW4]

‘I do think it’s reaffirmed some approaches that our team as trauma-informed clinicians we do think about when we do a parent session in community how do we want the room to look,

what feels safe and inviting for the people coming to the room, how are we going to open up conversation.’ [RFW2]

Interviewees mentioned that the model of the Community Recovery Program can be challenging for engaging with parents due to the reliance on referrals from schools and also the remote delivery of telecare for children’s appointments.

‘It can be a barrier sometimes providing that telecare remotely, and having that child receiving that individual telecare, and then engaging all the systems around them.’ [RFW6]

One family-focused practice that the program has embedded since the training, is that all practitioners from each of the disciplines uses a consistent approach to screening for family violence at intake, and has improved program knowledge of referral options for families affected by violence.

‘And I can’t say it’s a direct result of the Emerging Minds training, but probably an influence. We’ve definitely brought more focus to domestic and family violence in natural disaster impacted areas and have started explicitly screening for that in our intake and everything. That’s been something that we’ve really implemented in the past six months based on all the research and all the trainings...’ [RFW5]

Comments from a number of RFW staff indicate that while the program has shifted to a more family-centred approach, there is a need for ongoing professional development to continue to strengthen the Program’s skills in engaging with parents with more complex needs. There was also a view expressed that further practice translation support would be helpful, including in use of parent engagement tools.

‘I think the spaces to talk internally as well, I guess how we’d like to implement it. But even things, I guess communities of practice or open supervision type things online can be helpful to hear how other people are using it.’ [RFW4]

‘So really working from that parent-centred approach, that work has been really helpful. I think that’s definitely still an ongoing learning need for our staff.’ [RFW1]

The EM-RFW partnership is not the only factor driving the RFW team’s shift to more family-centred practices, but it appears that training workshops have contributed to shared understanding across the team of parents’ needs and role in children’s mental health, and along with previous training and practice experiences, have expanded and strengthened parent engagement at both the RFW program and practitioner levels.

‘... supporting parents and carers, and the impact that has on children’s mental health. I think after working in it for a couple of years, just how important that is and how crucial that is, I think I would now probably have stronger beliefs on how important that is...’[RFW4]

4. RFW staff adapted resources and shared their practice experiences, resulting in increased understanding of child mental health needs in Australian disaster-affected communities

‘It’s being able to translate the information from generic information of Emerging Minds... to actually, “So for this school or for this class or for this child, what that means, and how that information is going to be most helpful.” How they apply it is so important.’ [RFW3]

As a new program in an emerging field, the RFW team is working with many tools and resources that they haven’t used before, and tools not previously applied in the disaster context. In its partnership with EM, the RFW team has played a role in feeding back experiences of using the Community Trauma Toolkit and other practice tools in the field.

‘There’s regular catch-ups as well that we would have to talk about, “Okay, we use this resource, these parts were great, but actually this part didn’t connect so well,” and feeding back for future development.’ [RFW2]

‘I remember reading in the Community Trauma Toolkit, they have excellent sessions to deliver, whether it’s to educators or to service professionals, it’s full day, half day. And obviously, once we started working with schools and services, no one can give up that amount of time.’ [RFW3]

Limited time, limited attention, and in some cases limited access to the internet, are factors RFW staff described as shaping the way they select, adapt and use appropriate training and resources with parents and educators. Interviewees valued the wide range and types of resources in the Community Trauma Toolkit and other EM resources, and have shared resources widely, particularly with schools. Interviewees described being more selective in the resources they shared with families, given practitioners’ limited opportunities to guide families through resources.

‘Perhaps for some families at that time... that had been really heavily impacted by the bushfires and then had gone into COVID as well too, so we’d really had that ongoing impact of a lot of traumas, and perhaps with other stresses underlying that as well too, their capacity at the time to read through a lot of resources was quite minimal, but having some resources, like the videos and audio resources that we could give to them, they were really helpful.’ [RFW6]

‘... thinking about the resources and especially the resources for parents, I think a barrier to using them with families has been accessibility to the internet, for example, is a big one. Just a lot of our families don’t have internet. A lot of them have literacy difficulties. And so I think there’s a lot of great resources for parents. But I think it can be a bit overwhelming on the website and a bit hard to navigate.’ [RFW5]

Interviewees also described the importance of using the right resources at the right stage of the disaster recovery process, using the Community Trauma Toolkit timeline approach to identify what would be most useful for a family and when.

As RFW practitioners continue to share their practice experiences with EM, the partnership is generating insights from Australian disaster contexts that are informing resource development, including a practice guide on infant and child mental health in disasters, to meet practitioner and community needs.

5. RFW and EM felt confident to promote evidence and practice-informed approaches to supporting children’s and families’ mental health needs in the context of disasters

‘It’s been so helpful knowing that you’ve got really good quality information there to be able to support that advocacy work and then mixed with what you’re learning on the ground from what children are saying as well.’ [RFW3]

As a relatively small organisation, RFW has fostered strategic partnerships with a number of organisations, including UNICEF Australia, as well as EM, in order to strengthen its advocacy for children’s wellbeing from a position of evidence and experience. The combined expertise and trust between EM and RFW encouraged confidence in the two organisations to take something of a leadership role in the field of child mental health and disasters, amplifying evidence and practice experiences on supporting disaster-affected children and their families.

‘Because we’re one of the only organisations that are actually on the ground working with groups of children and actually getting their feedback, we want to have an opportunity to share that. So partnering with EM, partnering with other organisations, means that you’ve got more capacity to actually have a voice.’ [RFW1]

RFW and EM have worked together on a number of sector-level activities including conference presentations, professional development webinars and resource development, and are also active members of NICDAC which was first convened by the Australian Child and Adolescent Trauma, Loss and Grief Network based at Australian National University and EM in 2021 and is funded by the Department of Health and Aged Care.

Leaders in the RFW Community Recovery Program believe that well-informed representations at the sector level have played a role in helping government to understand the specialist support required for children, families and communities

‘The government has recognised the scale of the problems... of how disasters are affecting Australian children, families, and communities... and I feel like we’ve helped with educating them to understand that.’ [RFW3]



7. Who might be missing out

As an infant and child program, RFW’s work is with children under 12 years and their families, yet there are significant disaster support needs for young people and the RFW team receives requests from high schools that it can’t accommodate.

RFW is currently prioritising improving its gender inclusivity to ensure the program responds effectively to diverse families. It is also continuously building on knowledge of how to best support and partner with Aboriginal and Torres Strait Islander and culturally diverse families through the organisation’s reconciliation journey team.

Both EM and RFW see opportunities for more targeted strategies to support and draw upon the existing skills of a wider range of community members including members of sports, arts and religious groups.

Families who take longer to engage with support, or are unaware of the supports available, who may not be well connected to schools and community, or don’t recognise children’s mental health and developmental concerns for two or more years, are at risk of missing out on RFW’s disaster recovery support.

8. Conclusions

This case study examines a partnership that has evolved to address the increasing detrimental effects of disasters on Australian communities. The outcomes of the initiative are still emerging, however, key outcomes to date are the strengthening of RFW's family-focused and whole-of-community practices to support children, families and communities in the context of disaster.

An external evaluation of the impact of the RFW Community Recovery Program in the areas of Northern NSW and South East Qld is due for release in November 2024. Our case study of the EM-RFW partnership shows that over the past four years, the two organisations have combined their knowledge and commitment through a range of activities to build evidence and practice-informed expertise in infant and child mental health in the disaster context. They are now sharing their learning with the national and international child disaster recovery sector.

At the time of writing, government funding for RFW's current flood and bushfire recovery work was coming to an end. The RFW Community Recovery team was focused on implementing exit strategies from communities that would promote sustainability, resilience and preparedness for future disasters. RFW was recently successful in obtaining government funding to expand the program into new regions under the NSW Disaster Ready Fund (Round 2), to support communities in central west NSW which have been impacted by disaster over decades, including a significant flood event in November 2022.

EM has been able to utilise knowledge gained from the partnership to develop further resources for the disaster recovery workforce, including upcoming release of practice guides for practitioners to support child mental health in the context of disaster recovery.

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