



Resilient communities

The case for early response capacity building following natural disasters

MacKillop Institute

237 Cecil Street
South Melbourne VIC 3205
(03) 9699 9177

institute@mackillop.org.au



mackillop.org.au

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The 2019–2020 summer bushfires impacted 11.3 million Australians and affected many communities already considered vulnerable due to high levels of unemployment, socio-economic disadvantage, high rates of domestic and family violence, increased mental health issues and a high proportion of their population diagnosed with disability (see Fact Sheets at the end of this report).¹ Furthermore, many of these communities had previously been impacted by other recent natural disasters including prolonged drought and flooding. This pre-existing disadvantage and exposure to traumatic events mark the populations as significantly at risk of continued disadvantage.

Further exacerbating the challenges faced by these communities is the fact that natural disasters – drought, floods and bushfires – are regularly recurring and increasing intensity. The extremely hot and dry weather in 2019 created the worst drought and fire conditions in many decades.²

And now COVID-19 is reshaping the world and directly impacting these same communities by hampering efforts of locals to rebuild their homes, businesses and lives.^{3,4} The negative impact of COVID-19 on mental health is likely to be profound, with financial stressors combining with fear, isolation, and increases in domestic violence and alcohol consumption. These are well known precipitants of suicide and the risk of an increase in suicide during the pandemic is significant, resulting in COVID-19-related stressors are being captured by suicide and self-harm registers.⁵ It is acknowledged that mental health issues are likely to present for longer and peak following the pandemic.⁵ This is of significant concern when thinking about the children in communities impacted by recent natural disasters. Research into children's mental health during emergencies identifies that children are disproportionately impacted due to the loss of resilience factors such as support from family and friends.⁶ The risk is this pandemic will have the double-edged sword for children of the known increase in negative mental health whilst also requiring them to be hidden from help whilst in isolation.

The trauma and grief being experienced by these communities is long-term, complex and requires a sustained and integrated response. Furthermore, the capacity for children and young people to recover from natural disasters is negatively impacted by a range of stressors, including:^{7,8,9}

- Age
- Separation from family
- Isolation
- Pre-existing emotional and social concerns
- Poverty, which impacts the child and their family's capacity to rebuild
- Capacity to cope following a disaster
- Stigma attached to accessing support

These stressors can be offset, to a degree, by protective factors such as support networks; open communication; an opportunity to influence decisions; and the ability to help others. To ensure resilient communities, these protective factors need to be strengthened, both within the family unit and more broadly in the community.

How do we support resilience and renewal?

Their reality: The impact of natural disaster on children and young people

MacKillop Family Services (MacKillop) has a long legacy of supporting the most vulnerable members of the communities in which we work. We strive to go above and beyond to support the most marginalised children, young people and families and we work in several of the communities devastated by the bushfires. We are on the ground serving these vulnerable communities every day through our child, family, education, and disability services. In recent times, we have seen a surge in requests for grief and loss support.

Following a natural disaster, children will experience loss and grief directly and indirectly: directly through their experience of the event and indirectly through the impact on those around them. Both have a significant impact on the individual. Exposure to disaster events affect the mental health and wellbeing of children and young people and can manifest in behaviour changes that can be difficult to manage and understand.^{9,10,11}

Like grief in other contexts, children may experience physical, behavioural and emotional concerns, and we know from longitudinal research post the 2009 Black Saturday bushfires that children feel a lack of safety, stability, and suffer anxiety.¹² This anxiety can manifest in sleep disturbance, attachment disorders and dis-regulation. Furthermore, in many of the communities impacted by the recent bushfires, children are at a heightened risk of complicated grief through the wider community fear and panic; prolonged community instability; the compounding effect of grief and trauma; ongoing media coverage; as well as reminders in the local community. These upheavals to the child's known and safe home, school and social environments exacerbate the sense of instability and fear.

We advocate for accessible early response supports that work together to build capacity and resilience within affected communities. This creates cohesiveness within the community and enables children and families to easily access resources and tools to support both their short-term and long-term recovery.

Protecting children and young people within the community

Routine, familiarity and reassurance from trusted adults are vital to a child's sense of safety. They are also essential for healing. Just as these factors are critical, they are equally challenging. Following a natural disaster, the trusted adults in a child's life are busy responding to the immediate needs of ensuring a safe environment for their family. These adults are also experiencing the social, emotional, physical and financial impact of the disaster experience.

Given the stressors and protective factors identified, it is important to offer evidence-based interventions for the entire community - children, young people, parents/carers and professionals. Interventions must first provide flexibility for individuals and groups to attend to the 'hear and now' of their collective experience, focusing on their immediate recovery. Secondly, they need to build individual and community capacity and resilience through developing and strengthening knowledge and support networks.

Following the Black Saturday fires, parents spoke of the need to respond to parenting situations they never expected to face.¹² Valued aspects of parenting, such as patience and tolerance, were suddenly competing with demands to rebuild homes and put food on the table with a diminished income - all while parents were managing their own trauma-response to the disaster. These stressors can be unconsciously transmitted down to children, thus compounding their anxiety and behaviours. Special efforts should be made to provide family support when parents are experiencing heightened stress. In addition to which, the stressors on parents subsequently impact on the dynamics of whole-of-family relationships.

In areas where MacKillop, and other organisations, have provided evidence-based programs to children, young people and adults, the post-natural disaster research conducted suggests recovery is best supported with community-led and integrated early intervention.¹³ This approach results in demonstrable positive mental health outcomes and increased wellbeing across the community.

Critical to this approach is a clearly articulated map of accessible supports and programs that can provide wraparound support immediately and for years to come. This requires community members, agencies and government to work towards specific goals in an integrated and planned approach.

“It’s really important for children to learn that they have control of their own reactions, especially at a time when they do not have control over external factors. We can’t assume that we know what is going on in the minds of children, but it’s critical that we offer them the opportunity to get help when they are ready.”

Adele Smith, a registered counsellor and Seasons for Growth and Stormbirds trainer delivered Stormbirds to schools in the aftermath of the 2011 Christchurch earthquake.

What does the research tell us?

We have conducted a review of past research and overlaid this with economic and health data of bushfire impacted regions and feedback from local community members. From this, we identified three key elements that should be considered in the design of immediate and long-term supports for communities affected by natural disasters.

1. Many affected communities have pre-existing vulnerability
2. The most vulnerable communities should be immediately triaged for long-term mental health investment, with a balanced focus on children, young people and adults.
3. Early response intervention is key

Many affected communities have pre-existing vulnerability

Vulnerability exists when there is risk to a person’s overall mental and physical capacities.¹⁴ A common definition of vulnerability, identified by Wisner and colleagues is:

“By vulnerability we mean the characteristics of a person or group and their situation that influence their capacity to anticipate, cope with, resist and recover from the impact of a natural hazard (an extreme natural event or process).”¹⁵

MacKillop delivers services in many of the fire-affected regions. We work with those whose existing vulnerabilities have been compounded by this disaster. Through this experience, and a review of the vulnerability data, we have identified communities at elevated risk. These communities require

Case Study: A place to come together

In the midst of dealing with the anguish caused by recent bushfires, school communities are prioritising the welfare of their students by organising support from programs designed to help children process feelings caused by grief and loss.

In response to the devastating 2009 Black Saturday bushfires in Victoria, an immediate response program for children, known as Stormbirds, was developed. Stormbirds is an adaptation of the evidence-based and internationally renowned Seasons for Growth program. Delivered by MacKillop Family Services, Stormbirds does not focus on the disaster or the traumatic experience. Instead, it gives children the opportunity to tell their story, process their feelings, and learn how to manage them in a healthy way. To date, Stormbirds has supported in excess of 2000 children and young people following bushfires, cyclones, floods and earthquakes in Australia and New Zealand.

Serge Rosato was Principal of St Thomas Aquinas School in Springwood, NSW in 2013 when bushfires ravaged the area. Mr Rosato had to evacuate the school and lead his students and staff on a 2.5km walk to safety while flames closed in around them. Three children had asthma attacks and one disabled child had to be carried by a Year 6 teacher almost the entire way. The fires destroyed 200 homes and caused significant damage to 132 more homes, devastating the community and causing anxiety among the children.

“We engaged with Stormbirds around three months after the fires, and by that time, we had dealt with the immediate practicalities like shelter, clothing and registering with authorities. After staff did the Stormbirds training, we realised that it was important for the school to be a place where not only students, but also the whole community, could come together, talk about their experience and begin to have some normality and sense of community in their lives.

“People need a safe place to tell their story when they are ready to do so and through the Stormbirds training our school became the place where those stories could be heard and validated. All of the pupils in our school took part in the program and it has had a profound effect on how they have been able to process what happened to them and their community,” said Mr Rosato.

Fiona McCallum, General Manager for MacKillop’s grief and loss programs, has been contacted by many schools across NSW, ACT, VIC and SA to deliver the program to schools who have been impacted by bushfires, droughts and floods in recent times.

“The strength of Stormbirds is that even though it is delivered to children in schools, it has a much wider impact on the whole community. The programs we bring to schools provide ongoing support. 12 months after an event, some children can still be struggling to manage. It’s important to have a process in place to help them deal with their feelings when they are ready to do so.”

Fiona McCallum

targeted early intervention to minimise the medium to longer term poor individual, family and community health and wellbeing outcomes. The *Fact Sheets*, at the end of the report, detail this vulnerability across four regions in NSW and Victoria.

Many of the fire affected communities have experienced previous disasters - drought, fire and flood and now COVID-19. Additionally, these communities also experience multiple pre-existing disadvantage and low SEIFA scores, high percentages of their population already registered mental health clients, rental and mortgage stress, higher than state average child protection concern reports and elevated levels of domestic and family violence.

It is clear, in areas of existing disadvantage and low socio-economic status, the negative trajectory for vulnerable children, and future costs to government are significantly exacerbated.

The most vulnerable communities should be immediately triaged for long-term mental health investment, with a balanced focus on children, young people and adults.

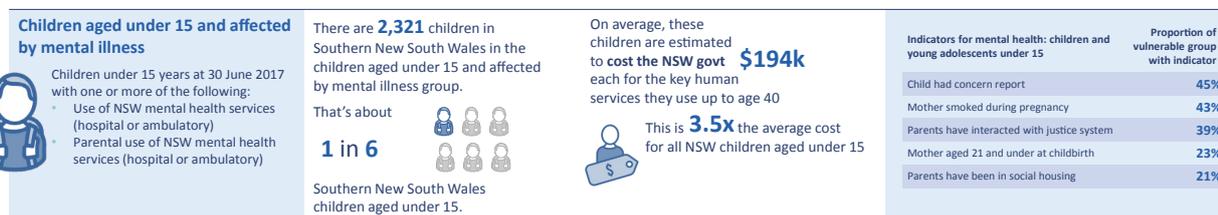
We have identified four regions where vulnerable children, young people and adults should be immediately triaged for long-term mental health investment following the recent bushfires (see factsheets for data on these regions):

- Southern NSW
- Northern NSW
- Nepean Blue Mountains NSW
- Eastern Victoria

It is difficult to quantify how the recent spate of disasters have affected the more disadvantaged in these communities or how the trauma experienced the 2019-2020 summer - and ongoing with COVID-19 - will interact with pre-existing social, emotional and family issues.

We can see, for example, the data for Southern NSW below estimates the future cost of a child/young person to the NSW Government. This data pre-dates the cumulative impact of the bushfires, floods and COVID-19. In this example, one in six children are affected by mental illness in this region.¹⁶ The study also identifies indicators associated with these children having high service usage and poorer outcomes later in life, highlighting the critical link between a child's brain development and the lasting impact of trauma. Supporting children's mental health and wellbeing is essential to allowing them a positive future.

Example: Vulnerable children under age 18 years old in Southern NSW



Early response intervention is key

By intervening early, we can reduce the progression of persistent and ongoing mental health issues and other impacts such as domestic and family violence and drug and alcohol misuse which have emerged as a result of the trauma, loss and grief. In turn, this will assist in building the capacity of communities, families and individuals to cope and support each other when future challenges occur.

Children, young people and adults in bushfire impacted communities will require immediate and ongoing emotional and wellbeing support for years to come.

The Beyond the Bushfire longitudinal study followed up with people impacted by the Black Saturday bushfires. This significant study found individuals "were reporting symptoms which indicated mental health problems that were beyond levels likely to be manageable and may require professional support. This is approximately twice the levels you would expect in a population not affected by disaster".¹²



Recent research (University Centre for Rural Health) of 2,500 community members in the Northern Rivers communities post Cyclone Debbie in 2017 showed there is a need for disaster recovery programs (particularly mental health support) well beyond the immediate period of the disaster. The researchers found that mental health concerns are ongoing and present for many years after a natural disaster occurs. They also noted the importance for first responders to be trained to assess and react appropriately to mental health and wellbeing needs before, during and after a disaster.¹⁷ This sentiment has certainly been reiterated following the recent bushfire disaster.

It is vital that we provide the opportunity for all impacted communities to voice their experiences and participate in early intervention emotional and wellbeing support via individual and group approaches that cater to individual needs.

The Red Cross identify capacity as a protective factor for vulnerability:

“ The reverse side of the coin is capacity, which can be described as the resources available to individuals, households and communities to cope with a threat or to resist the impact of a hazard. Such resources can be physical or material, but they can also be found in the way a community is organised or in the skills or attributes of individuals and/or organisations in the community. ”¹⁸

Recommendations

1. Triage and target early response mental health supports for children now: we know where they are and what happens next.

Children, young people and adults all experience considerable change and loss as a result of natural disasters. The impact of the change and loss can be felt at the time of the event and in the weeks, months and even years following. Individuals, families and communities need time to make sense of what has happened, adjust to the changes and recover and move forward toward a new future. Risk factors that already exist for children in rural and regional areas - such as mental health and suicidality, domestic and family violence, social isolation and poor education outcomes - can be exacerbated. Supporting the immediate needs around food and shelter is critical, but so too is the focus on building community resilience and capacity to collectively respond to the trauma, grief and loss experienced. To achieve this resilience, local communities need ongoing investment over time - recovery will be long-term and investment in building local professional capacity and services is critical.

2. Build Capacity and resilience through school communities

At MacKillop, we have found the most effective approach to build resilience in communities impacted by natural disaster is to engage with local school networks. They act as a foundational pillar for community support and enable a whole-of-community (children and adults) approach to recovery.

Since the summer bushfires, MacKillop has received calls for support from school leaders in over 30 communities and the message is consistent: professionals from schools and community-based organisations are reaching out for practical, evidence-based programs to support the children and young people in their local communities. These professionals acknowledge the critical role of the school as the safe community hub and 'go-to place' for support in difficult times. Equally, they understand the importance of bringing the community together and building the social networks that are so critical in the recovery phase.

As the school year progresses, requests for help continue, with school leaders describing noticeable challenges for children with attention, behaviour and learning. As one school principal described, "cracks are beginning to appear". School leaders also noted the impact of the disaster event for parents and carers and were keen to ensure opportunities are available for caregivers to reflect on their experience, as well as those affecting their children. Supporting parents and caregivers is crucial - the relationship between a child and their parent/caregiver has the strongest influence on the child's wellbeing and on their ability to adapt well following stressful events.

3. Implement a 'what works' evidence-base

There is no need to 'reinvent the wheel' in supporting communities impacted by the bushfires, we must work smarter to expedite the recovery process. There is an opportunity to learn from communities that have previously experienced natural disasters through available research. Early intervention mental health programs for children and young people which are evidence-based already exist. The lessons learnt from the Black Saturday fires clearly identified there is significant risk to people's wellbeing and mental health in the immediate and long-term. Evidence suggests that most people will cope effectively following a disaster given support, time and the appropriate early intervention, post disaster.¹⁹ Specific programs were developed post-Black Saturday to increase the capacity and resilience of individuals. Stormbirds, an adaptation of the evidence-based Seasons for Growth grief and loss program for children, was one such program. Stormbirds has since been used across the world to support children following a natural disaster, for example in Christchurch following the 2010 earthquake.

We know what good early response mental health support looks like for children. **There are evidence-based programs ready to go.** We just need a straightforward, accessible ecosystem of supports mapped out for affected communities that are child-centric and focused on long-term sustainability.

4. Ask the children – develop our knowledge

What will strengthen these existing programs - and the evolution of supports in natural disaster affected communities - is an authentic voice of children to be included in the research. The research literature has gaps regarding the experience of children following impacts of natural disasters. Consultation and input from children is required to ensure we plan and prepare for future events. Further investments required to evaluate response and recovery initiatives and, importantly, to understand experiences of natural disasters directly from children. This will enable learning and inform future program design around what they require to adapt to the experience.

To appropriately incorporate the voice of children into the natural disaster recovery research, it is important we draw from the recommendations of the 2019 UNICEF Australia report 'In their own words: the devastating impact of prolonged drought on children and young people'. Children in drought impacted areas of New South Wales explained the impacts on their parents and described how the disaster has forced them to prematurely grow up. This was directly attributed to facing difficulty in balancing increased farm work with their education, as well as experiencing escalating levels of stress and other adverse psychological outcomes. The report made five recommendations, including incorporating the perspectives of children in planning supports; investment in competence capacity-building programs for young people; adults and community leaders; and group-based student support to avoid the stigma often associated with individual counselling.

5. Take a phased approach to building resilient communities

MacKillop is on the ground providing services to the vulnerable communities affected by bushfires and through local consultation with the schools, we suggest a two-phased approach:

- Phase 1: Immediate response
- Phase 2: 12-18 months post natural disaster.

This two-phased approach will address the dual needs to support the immediate loss, grief and trauma response by children, young people and adults; and develop the communities' ability and capacity to recover long-term and build resilience.

Southern NSW

(2016 Population 170,135)¹



The Southern NSW areas affected by the 2019–2020 bushfires were already living with pre-existing vulnerability through prolonged drought and higher than average rates of unemployment, poverty, disability, domestic and family violence and mental health issues.

Children and young people in the Southern NSW District experience significant vulnerability; 41% of children under the age of five are known to have parental risk factors and risk of significant harm. Children under the age of 15 are significantly affected by mental illness, with 19% having used NSW mental health services; the highest percentage of this group identify as Aboriginal or Torres Strait Islander (35%).³

Now compounded by the effect of social isolation and financial hardship imposed by the COVID-19 pandemic, these are communities on the edge of a devastating eruption of social and mental health breakdown.

1. Natural disasters in the last 5 years

- ✔ Drought
- ✔ 2019/2020 Bushfire
- ✔ COVID-19

2. Socio-economic disadvantage⁴

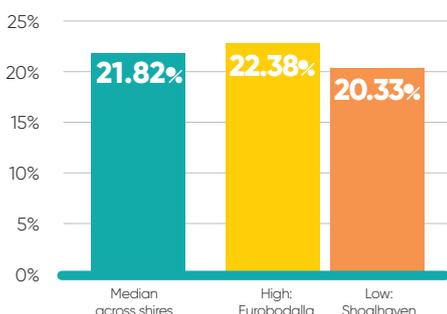


Batemans Bay	Bega Valley	Ulladulla
42 nd percentile (SEIFA score: 876.1)	49 th percentile (SEIFA score: 976)	42 nd percentile (SEIFA score: 964)

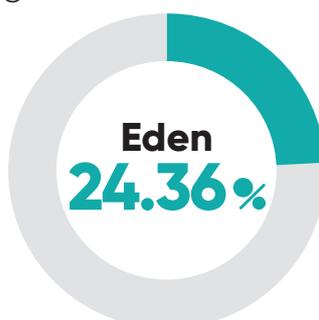
Socio-Economic Indexes for Areas (SEIFA) scores are expressed on a scale where lower numbers mean more disadvantage. Standardised national mean is 1000

3. Proportion of population with mental health issues prior to bushfires and COVID-19 (all postcodes in these shires using PHIDU data)

Median % of population with mental health concerns⁵



High risk areas⁶



Suicide rates⁶

100,000:19.9*
(Southern NSW)

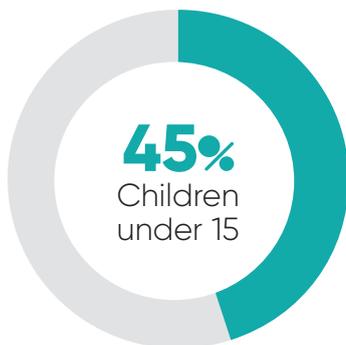
* In NSW in 2017, the death rate from suicide was 10.8 per 100,000 population⁷

Southern NSW

(population 170,135)

4. Child welfare and child protection concerns⁸

Child welfare concern report:



1 in 3 children aged 0-5 in the vulnerable children group

There are **7,684** children in Illawarra Shoalhaven in the vulnerable young children group (0-5). That's about 1 in 3. On average, these children are estimated to cost the NSW Government \$138,000 each for government services they will access up to age 40. **This is 2.3x the average cost for all NSW children aged 0-5.**



1 in 8 children aged under 15 affected by mental illness

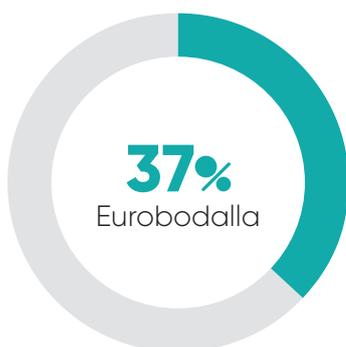
There are **6,150** children in Illawarra Shoalhaven aged under 15 known to be affected by mental illness. That's about 1 in 8. On average, these children are estimated to cost the NSW Government \$189,000 each for government services they will access up to age 40. **This is 3.4x the average cost for all NSW children aged under 15.**



1 in 7 children aged 15 and 18 affected by mental illness

There are **2,360** children in Illawarra Shoalhaven aged 15 to 18 known to be affected by mental illness. That's about 1 in 7. On average, these young people are estimated to cost the NSW Government \$129,000 each for the government services they will access up to age 40. **This is 3.2x the average cost for all NSW children aged 15-18.**

5. Percentage of population experiencing rental stress⁹



6. Domestic and family violence¹⁰



36.83 per 1000 average incidents in the region

*State average is 39 per 1000

References

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3. Catholic Social Services Australia. 'Mapping the potential, understanding persistent disadvantage to inform community change - PHIDU dataset'. 2020 (not yet released).
4. Australian Bureau of Statistics. 'Socio-Economic Indexes for Areas (SEIFA) 2016 statistics'. stat.data.abs.gov.au
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Northern NSW

(2018 Population 299,523)¹



Many of the fire affected communities in Northern NSW have experienced previous disasters – drought, fire and flood and now COVID-19. Additionally, these communities also experience multiple pre-existing disadvantage and social welfare issues.

21 per cent of the Northern NSW population have engaged with NSW mental health services and one in three children under 15 are in the vulnerable young children group, indicating parental risk factors and risk of significant harm. 15% of people in the region are experiencing rental or mortgage stress. All these factors, combined with low SEIFA scores, high percentages of child concern reports and elevated levels of domestic and family violence indicate a community at heightened risk.

1. Natural disasters in the last 5 years

- Drought
- 2019/2020 Bushfire
- COVID-19

2. Socio-economic disadvantage¹



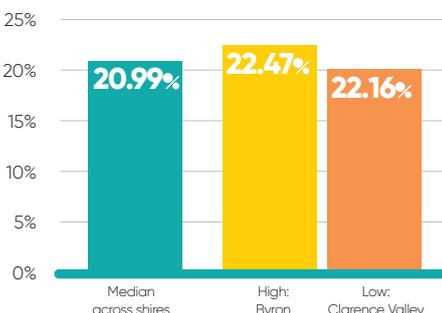
Ballina Shire 49 th percentile (SEIFA score: 1003)	Byron 72 nd percentile (SEIFA score: 1003)	Clarence Valley 21 st percentile (SEIFA score: 1003)	Kyogle 15 th percentile (SEIFA score: 910)
Lismore 37 th percentile (SEIFA score: 954)	Richmond 13 th percentile (SEIFA score: 902)	Tweed 48 th percentile (SEIFA score: 973)	

Socio-Economic Indexes for Areas (SEIFA) scores are expressed on a scale where lower numbers mean more disadvantage. Standardised national mean is 1000.

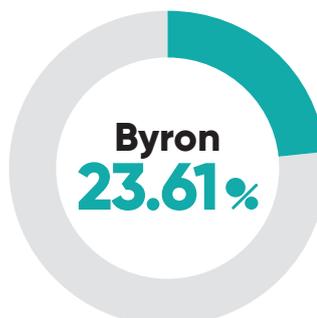
3. Proportion of population with mental health issues prior to bush fires and COVID-19

(all postcodes in these shires using PHIDU data)

Median % of population with mental health concerns⁵



High risk areas³



Suicide rates⁶

100,000:14.3*
(Richmond Valley)

*In NSW in 2017, the death rate from suicide was 10.8 per 100,000 population⁴

Northern NSW

(2018 population 299,523)

4. Child welfare and protection concerns⁵

Child welfare concern report:



1 in 3 children aged under 0-5 in the vulnerable children group

There are **4,483** children in Northern NSW classified as vulnerable. That's about 1 in 3. On average, these children are estimated to cost the NSW Government \$183,000 each for government services they use up to age 40. **This is 3.1x the average cost for all NSW children aged 0-5.**



1 in 8 children aged under 15 affected by mental illness

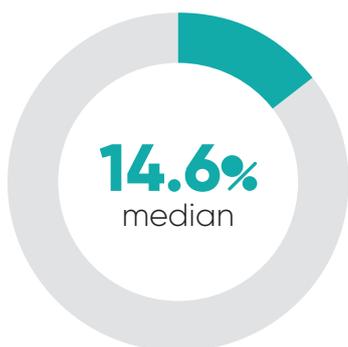
There are **4,012** children in Northern NSW affected by mental illness. That's about 1 in 8. On average, these children are estimated to cost the NSW Government \$220,000 each for government services they use up to age 40. **This is 4.0x the average cost for all NSW children aged under 15.**



1 in 6 children aged 15 and 18 affected by mental illness

There are **1,911** young people in Northern NSW known to be affected by mental illness. That's about 1 in 6. On average, these young people are estimated to cost the NSW Government \$134,000 each for government services they use up to age 40. **This is 3.4x the average cost for all NSW young people aged 15-18.**

5. Percentage of population experiencing rental and mortgage stress



6. Domestic and family violence⁶



420.02 average incidents per 100,000 population

Ballina Shire	Byron	Clarence Valley	Kyogle
243.9 incidents per 100,000 population	335.4 incidents per 100,000 population	358.7 incidents per 100,000 population	568 incidents per 100,000 population
Lismore	Richmond	Tweed	
451 incidents per 100,000 population	613.3 incidents per 100,000 population	370 incidents per 100,000 population	

References

1. Australian Bureau of Statistics. 'Socio-Economic Indexes for Areas (SEIFA) 2016 statistics'. stat.data.abs.gov.au
2. Catholic Social Services Australia. 'Mapping the potential, understanding persistent disadvantage to inform community change - PHIDU dataset'. 2020 (not yet released).
3. ibid.
4. HealthStats NSW. 'Suicides in NSW 1988 to 2017'. April 2019. http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth.
5. Their Futures Matter. 'Human Services Data Set: Northern NSW'. 2018. <https://www.theirfuturesmatter.nsw.gov.au/investment-approach/district-and-lga-insights>
6. NSW Bureau of Crime Statistics and Research. 'NSW Recorded Crime Statistics'. Department of Communities and Justice. https://www.bocsar.nsw.gov.au/Pages/bocsar_crime_stats/bocsar_lgaexceltables.aspx

Nepean/Blue Mountains

(2018 Population 377,492)¹



The Blue Mountains and Nepean District has experienced many years of cumulative and traumatic events which have profoundly impacted communities in the region. Bushfires, drought, floods, severe weather events and now COVID-19 have all taken a toll on the mental wellbeing of people in the area.

Almost 20% of the population presented with mental health issues prior to the bushfires and COVID-19. Two areas in the region, Blackheath (Megalong Valley & Katoomba) and Leura, average more than 24% of their populations with known mental health issues.¹ Analysis of data obtained before the fires found one in seven young people aged 15 to 18 have sought help for mental health issues and one in three children aged under 15 is in the vulnerable young children group indicating parental risk factors and risk of significant harm.²

1. Natural disasters in the last 5 years

- Drought
- Storm/Flood
- Severe Weather
- Bushfires (2016–2020)
- 2019/2020 Bushfire
- COVID-19

2. Socio-economic disadvantage³



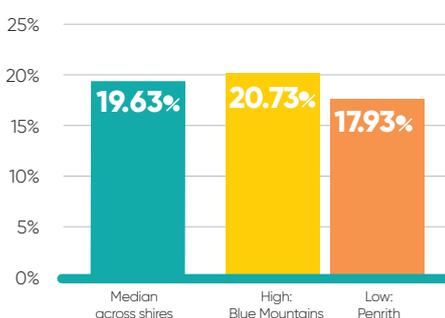
Blue Mountains	Hawkesbury	Lithgow	Penrith
90 th percentile (SEIFA score: 1045)	83 rd percentile (SEIFA score: 1028)	20 th percentile (SEIFA score: 923)	68 th percentile (SEIFA score: 999)

Socio-Economic Indexes for Areas (SEIFA) scores are expressed on a scale where lower numbers mean more disadvantage. Standardised national mean is 1000.

3. Proportion of population with mental health issues prior to bush fires and COVID-19

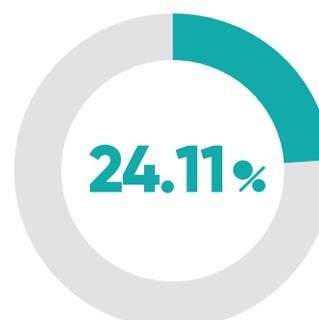
(all postcodes in these shires using PHIDU data)

Median % of population with mental health concerns⁴



High risk areas⁵

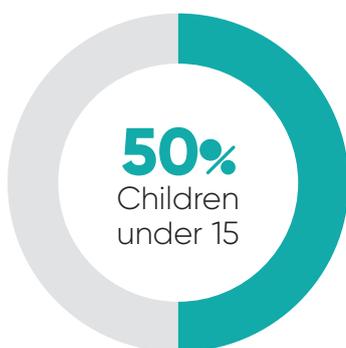
**Blackheath
Megalong Valley
& Katoomba
Leura**



Nepean/Blue Mountains (2018 Population 377,492)¹

4. Child welfare and protection concerns⁶

Child welfare concern report:



1 in 3 children aged under 15 in the vulnerable children group

There are **9,211** children in Nepean Blue Mountains in the vulnerable young children group. That's about 1 in 3. On average, these children are estimated to cost the NSW Government \$123,000 each for Government services they use up to the age of 40. **This is 2.1x the average cost for all NSW children aged 0-5.**



1 in 8 children aged under 15 affected by mental illness

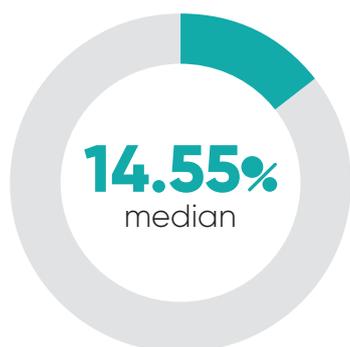
There are **6,587** children aged under 15 in Nepean Blue Mountains known to be affected by mental illness. That's about 1 in 8. On average, these children are estimated to cost the NSW Government \$158,000 each for the Government services they use up to age 40. **This is 2.8x the average cost for all NSW children aged under 15.**



1 in 6 children aged 15 and 18 affected by mental illness

There are **2,291** young people aged 15 to 18 and in Nepean Blue Mountains known to be affected by mental illness. That's about 1 in 6. On average, these young people are estimated to cost the NSW Government \$114,000 each for the Government services they use up to age 40. **This is 2.9x the average cost for all NSW children aged 15-18.**

5. Percentage of population experiencing rental and mortgage stress



6. Domestic and family violence⁷



438.6 average incidents per 100,000 population

Blue Mountains	Hawkesbury	Lithgow	Penrith
248.2 incidents per 100,000 population	334.7 incidents per 100,000 population	542.5 incidents per 100,000 population	629.1 incidents per 100,000 population

In NSW in 2017, the death rate from suicide was 10.8 per 100,000 population

References

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- 2 Their Futures Matter. 'Human Services Data Set: Nepean Blue Mountains'. 2018. <https://www.theirfuturesmatter.nsw.gov.au/investment-approach/district-and-lga-insights>
- 3 Australian Bureau of Statistics. 'Socio-Economic Indexes for Areas (SEIFA) 2016 statistics'. stat.data.abs.gov.au
- 4 Catholic Social Services Australia. 'Mapping the potential, understanding persistent disadvantage to inform community change - PHIDU dataset'. 2020 (not yet released).
5. ibid.
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Eastern Victoria

(2016 Population 143,239)



Already one of the most disadvantaged local government areas in Victoria, the recent bushfires – and now COVID-19 – place the communities of East Gippsland at even greater risk.

This vulnerable region has been living with entrenched disadvantage which has been exacerbated by recent traumatic events, putting communities at greater risk and on a trajectory towards family breakdown.

East Gippsland is the sixth highest region in Victoria for incidences of domestic and family violence by area, and women in Gippsland have a higher lifetime prevalence of depression and anxiety compared to other women in Victoria². The area of Toowong in East Gippsland has high dependence on agriculture industry, 50%, which adds to the vulnerability of the community as farmers are twice as likely to die by suicide compared to other occupations³. High rates of young people are not engaged in work or education and an overall 20% of the population lives with mental health issues⁴.

1. Natural disasters in the last 5 years

- ✓ Drought (2016 – 2020)
- ✓ Bushfires (2016 – 2020)
 - 2019/2020 Bushfire
 - Bushfires (2015 Devon North and bordering in Indigo)
- ✓ Floods
 - 2015 Boisdale
 - 2016 Buchan, Bairnesdale, Metung, Paynesville, Sale, Hollands landing, Omeo, Glenadale, Orbest)
- ✓ COVID-19

Rosedale has been impacted 2 years in a row by bushfire

2. Socio-economic disadvantage³



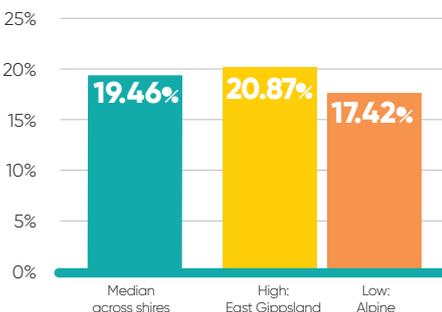
Local Government Area	SEIFA Score	Percentile
Toowong	982	63 rd percentile
Alpine	970	64 th percentile
Wellington	961	49 th percentile
Wangaratta	965	56 th percentile
East Gippsland	942	39 th percentile
Mansfield	992	78 th percentile

Socio-Economic Indexes for Areas (SEIFA) scores are expressed on a scale where lower numbers mean more disadvantage. Standardised national mean is 1000.

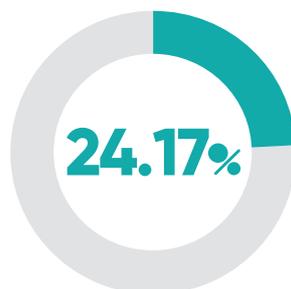
3. Proportion of population with mental health issues prior to bushfires & COVID-19

(all postcodes in these shires using PHIDU data)

Median % of population with mental health concerns^{5,6}



High risk areas⁷



Longford – Loch Sport & Yarram



Suicide rates*
100,000:17.7
(Alpine)*

*2018 national average was 12.1 per 100,000 people⁸

*suicide rate in regional Victoria (14.9 per 100,000)⁹

Eastern Victoria

(2016 Population 143.239)

4. Child welfare and child protection concerns¹⁰



Toowong

10 per 1000

Child protection substantiations*

*State average is 6.7 per 1000



Alpine

16.3 per 1000

Child First assessments for vulnerable children



Wellington

13.8 per 1000

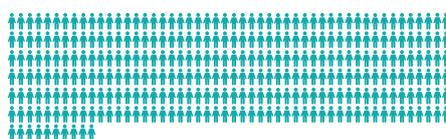
Child protection substantiations



Wangaratta (WRC)

30 per 1000

Child protection investigations



East Gippsland

310

Total number of child protection substantiations

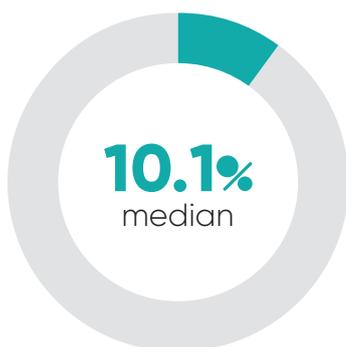


Mansfield

10 per 1000

Child protection investigations

5. Percentage of population experiencing rental and mortgage stress



6. Domestic and family violence¹¹



Toowong

6.3 incidents per 1000 population*

Alpine

31.1% increase in domestic and family violence incidents

Wellington

15.12 incidents per 1000 population*

Wangaratta

15.9 incidents per 1000 population*

East Gippsland

6th highest incidents of domestic and family violence in Victoria by area.

Mansfield

10.7 incidents per 1000 population

*State average is 12.4 per 1000

References

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3. ibid
4. Toowong Shire Council Plan 2017-2021
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About MacKillop Family Services

At MacKillop, we are passionate about working with communities so children can thrive. Our services support families so they can build on their strengths and create an environment where children can develop to their potential. We have a deep understanding of, and adherence to, trauma-informed, therapeutic best-practice and we strive to achieve positive outcomes in the communities we work.

About the MacKillop Institute

Our Institute aims to build the professional capacity of the sector - and beyond - to improve outcomes for children, young people and families. Programs offered by the Institute include the evidence-based Seasons for Growth and the immediate response adaptation, Stormbirds.

About Stormbirds

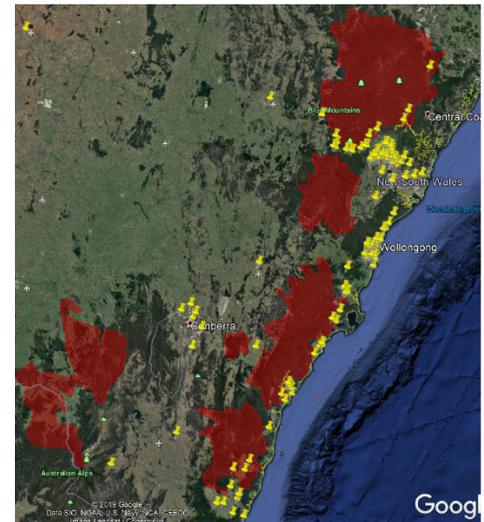
Developed in 2009 in response to the Black Saturday Bushfires in Victoria, Stormbirds has supported 18 regional communities following bushfires in Victoria, ACT, NSW, SA, WA and QLD cyclones and floods and in Christchurch, New Zealand, following the earthquakes - in excess of 1,000 children participated in the program in Christchurch alone.

Stormbirds has a distinct approach to supporting children and young people following natural disasters - the program builds the capacity of local professionals to support their communities. Research and independent evaluation are the cornerstones of our programs. The findings demonstrate statistically significant increases in the ratings of children/young people's wellbeing over time, evidencing the success and sustainability of the approach to train local professionals working in schools and agencies.

Stormbirds allows children and young people to acknowledge and celebrate how they have managed and how the community has come together in response to an event. Children and young people can "voice" their experience. The feedback from children and young people regarding the Stormbirds program continuously attest to the positive impacts for them in relation to: "feeling safe", "feeling OK", and "things are getting better". There were also positive changes reflecting the belief that "people can help me", "I can talk about my feelings", and "I can solve problems and make things better". Importantly, the program has been reported as a useful screening tool, highlighting a percentage of students who may benefit from additional mental health support or participation in the Seasons for Growth program at a future time.

Seasons for Growth has supported in excess of 300,000 children, young people and adults in Australia, New Zealand, Singapore, Scotland, Ireland, England and Wales. Seasons for Growth evaluations (1999, 2004, 2005, 2010, 2011, 2018, 2019 - www.goodgrief.org.au/past-evaluations) consistently report the program helps children and young people experiencing change, loss and grief; builds participants' understanding and skills, enables them to express their views, thoughts and feelings; strengthens participants' social and support networks and improves participants' emotional wellbeing. Participation in the programs may be the first opportunity for children and young people to have their individual story acknowledged and validated and to learn how to respond to significant life events in a safe and healthy manner.

MacKillop services impacted fires in Southern NSW - Jan 2020



 Yellow pins are MacKillop locations

 Red areas are fire impacted areas in Jan 2020

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- ¹¹ Shepard, B., Kulig, J., & Botey, A. P. Counselling Children after Wildfires: A School-Based Approach. 2017. *Canadian Journal of Counselling & Psychotherapy/Revue Canadienne de Counseling et de Psychothérapie*, 51(1).
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