








Supporting children's recovery from bushfires: Stakeholders' views about the impact of a community-based intervention program on children

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Abstract

Introduction: A multidisciplinary Bushfire Recovery Program was developed by Royal Far West focused on reducing the short- and medium-term impacts of the 2019-2020 bushfires in Australia on children's wellbeing and resilience.

Objectives: To evaluate the impact of the Program's psychosocial groups on children's wellbeing and resilience.

Design: A two-phase mixed method approach was used, involving post-intervention surveys and interviews of children impacted by the 2019-2020 bushfires in Australia who participated in the Bushfire Recovery Program, their parents/carers, teachers, and the facilitators of the workshops. Statistical analysis was undertaken with quantitative data and content and thematic analysis of qualitative data.

Findings: Children learnt to talk to and trust adults, share thoughts and experiences with others, recognise they were not alone in their experiences, build connections with peers, understand and manage feelings, and implement strategies that enabled them to cope with change.

Discussion: Psychosocial groups delivered in preschools and schools as part of the Bushfire Recovery Program reportedly led to significant learning and positive impacts for children in the areas of coping, wellbeing, and peer connections. Similar themes occurred across surveys and interviews and findings reflected the perceptions of the children who participated in the groups, and key adults around the children.

Conclusions: Community-based psychoeducational interventions can provide effective support in the short- and medium-term post-bushfire for children to

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develop strategies and skills to enable them to cope with changes and their emotional reactions.

KEYWORDS

bushfire, children, psycho-educational groups, resilience, well-being

1 | INTRODUCTION

Experiencing a disaster such as a bushfire can have devastating and widespread impacts on children, families, and communities. The 2019/2020 Black Summer Bushfires in Australia burned through more than 24 million hectares of land, destroyed over 3000 homes, and affected tens of thousands of people. Recovery efforts often focus on the immediate emergency, but consequences of bushfires extend far beyond this period, creating adverse financial, social, and emotional living circumstances for many people in the long-term.

1.1 | Impact of bushfires on children

Adverse childhood experiences, including trauma, abuse and neglect, can contribute to significant negative short-, medium- and long-term outcomes for children, including developmental delays, heart disease, cancer, chronic obstructive pulmonary disorder, schizophrenia, and depression.¹⁻³ Exposure to trauma such as bushfires is an adverse childhood experience that can result in grief and loss and mental health issues for children, many of whom may be particularly vulnerable to this type of event.³⁻⁵ The findings of a rapid review by Curtin et al.⁶ indicated that the impact of bushfire exposure for children may not be apparent in the short-term but may become more pronounced later in life. These authors found that bushfires can have devastating long-term impacts on children's emotional well-being and resilience, particularly if children do not receive appropriate support to process their experiences in the days, weeks, and months following a disaster.

As with other adverse childhood experiences, bushfires can have consequences that alter the trajectory of children's lives, detrimentally impacting their educational, employment, and psychosocial outcomes both in the short-, medium-, and longer term.⁷⁻⁹ Curtin et al.⁶ identified that children from more vulnerable backgrounds who had other compounding factors limiting their ability to overcome bushfire trauma were particularly at risk. This included children under 12 years of age and those living in rural and remote areas who may be disproportionately impacted given the other disadvantages they

What is already known on this subject

- Children are vulnerable to the trauma of events like bushfires.
- Impact of bushfire exposure for children may not be apparent in the short-term but may become more pronounced later in life.
- There is limited evidence to support implementation of psychosocial programs for children impacted by disasters due to complexity of post-trauma mental health needs, the heterogeneity of program models offered, and a lack of identified consistent outcomes and goals.

What this paper adds

- Community-based, multidisciplinary, psychosocial group interventions support children impacted by bushfires to build resilience, learn coping strategies, and enhance their understanding and management of emotions.
- Connecting with peers in supported group settings enables children to recognise that they are not alone in their experiences.
- Implementation and evaluation of longer-term interventions are needed to provide effective support for children who may have ongoing mental health, well-being, and developmental needs following bushfire.

face, such as limited access to healthcare and specialist services, and higher likelihood of having developmental vulnerabilities.¹⁰

1.2 | Interventions for supporting children following bushfires

Implementing psychological interventions for children impacted by a natural disaster soon after the event is key to reducing and/or preventing psychological symptoms

such as anxiety, depression, and post-traumatic stress disorder (PTSD).¹¹ Galvan et al.¹¹ proposed that conducting mass screenings in schools and using psychological interventions were the most effective way to treat children with PTSD symptoms. Schools are “a safe, well-known location” and suitable sites “to screen children” as large numbers of children can be accessed and assessed relatively quickly.^{11,p. 707} Psychological interventions are widely accepted as an effective treatment in reducing PTSD symptoms of anxiety, fear, depression, and panic in children following a natural disaster.¹²

A scoping review of psychosocial support programs that provide well-being and mental health support for children and adolescents following a disaster found these interventions to be beneficial.¹³ Psychosocial support programs promote “recovery by offering support, education and advice on self-care strategies such as calming techniques and social connectedness”.^{13,p. 2}

The “Journey of Hope” program developed and delivered by Save the Children is an example of an evidence-based, psychosocial support program. This eight-week program for children impacted by the 2019/2020 Australian bushfires focused on children identifying and processing their emotions and developing effective coping strategies. The evaluation of the program found overall positive outcomes, with children applying coping strategies that enabled them to effectively respond to their emotional reactions to the event.^{14,15}

Despite the identified benefits of these psychosocial programs, Gibbs et al.¹³ stated that the strength of the evidence was limited due to the “complexity of post-trauma mental health needs and the disrupted context of post-disaster environments” (p. 14) and the “heterogeneity of program models offered and a lack of identified consistent outcomes and goals” (p. 3). One such framework is proposed by Hobfoll et al.,¹⁶ suggesting that post-disaster programs must include interventions that promote five essential elements: a sense of safety, calming, self and collective efficacy, connectedness, and hope.

The National Child Traumatic Stress Network School Committee¹⁷ in the United States has implemented a three-tier approach to trauma treatment as part of their trauma-informed schools model. The first tier focuses on creating a safe and positive environment that promotes healthy and successful behaviours and includes strategies such as general wellness support and education and psychological first aid. The second tier focuses on identifying students at risk through screening and implementing early psychological intervention strategies and secondary traumatic stress support group interventions. The third tier focuses on intensive support for children exhibiting signs of distress, and emotional and other mental health

reactions for an extended period after the disaster. These children may benefit from more targeted trauma-specific treatment and support. Gibbs et al.¹⁸ supported a tiered approach for a post-disaster intervention framework for children.

1.3 | Royal far West Bushfire Recovery Program

In response to the 2019–2020 bushfires in Australia, Royal Far West ((RFW), an Australian charity that provides education, psychology and allied health services to children in regional and rural areas, developed a Bushfire Recovery Program (the Program) to support the well-being and resilience of children impacted and reduce the likelihood of long-term adverse effects. The Program was a multi-faceted, multidisciplinary intervention delivered through primary schools and preschools located in 11 impacted regions of NSW providing psychosocial support to children and key adults around the child including parents/carers and teachers.

The regions were selected based a needs assessment that considered the scale of the bushfires, socio-economic disadvantage, percentage of vulnerable children (0–5 years), and percentage of children (0–15 years) affected by mental illness. Twenty-five schools and 12 preschools were prioritised, with the schools ranging in size from 8 to over 500 students.

The Program was designed with consideration given to Hobfoll's¹⁶ five essential elements and the three tiers of intervention.¹⁷ The final program consisted of four components¹⁹:

1. Community-based, week-long psychosocial groups for children using the Stormbirds resource,²⁰ Stormbirds is “a small group education program based on the belief that grief is a normal response to change, loss and uncertainty that often results from natural disasters”.¹¹ By participating in these groups, children “learn the knowledge, skills and attitudes required to understand and respond well to such experiences” (Tier 2);
2. Teacher/professional support, professional development, and training to develop their understanding of the impact natural disasters can have on children and build their capacity to provide appropriate support to children, while looking after their own health and well-being (Tier 1);
3. Parent/carer individual and group support to develop their understanding of the impact natural disasters can have on their children and build their capacity to provide appropriate support to their children, while looking after their own health and well-being (Tier 1);

4. Individual speech therapy, psychology, and occupational therapy telehealth sessions for children who were identified as requiring extra support (Tier 3).

The focus of this paper is on the stakeholders' views of the impact of the community-based psychosocial groups for children (Component 1).

2 | METHODS

A two-phased mixed methods approach was used to evaluate the impact of the community-based week-long psychosocial groups for children, involving surveys and interviews. The study received ethical approval from the Charles Sturt University Human Research Ethics Committee – Protocol Number: H20373.

2.1 | Survey data collection procedure and analysis

2.1.1 | Data collection instruments and procedure

Four surveys were used to evaluate the immediate perspectives of the impact of the children's groups on the children who participated. Each survey was based on the Stormbirds Program evaluation.²⁰

Children attended either Level 1 (aimed at younger children) or Level 2 (aimed at older children) groups, and separate surveys were developed for each level. Each of the surveys included five rating scale questions and six open-ended questions about what children liked, did not like, wanted to learn more about, their thoughts about group facilitation, and their age in years. At the conclusion of each group, children completed the survey.

The parent/carer survey included both rating scale questions (e.g. "How well do you think the program supported your child to do each of the following: Understand that life changes"; 1 = Not at all, 2 = A little bit, 3 = To some extent, 4 = Quite a bit, 5 = A great deal) and open-ended questions (e.g. "What was the main reason that you gave permission for your child to take part in the Stormbirds program?"). One parent/carer from each family was asked to complete the survey after their child/children attended the group.

Facilitators completed a survey following the completion of each group. These surveys included rating scale questions (e.g. "Based on your insights from your group, to what extent do you think the following are a challenge for children and young people when they experience change: Knowing there is someone they can talk to"; 1 = Not at all,

2 = A little bit, 3 = To some extent, 4 = Quite a bit, 5 = A great deal) and open-ended questions (e.g. "What do you think was the most significant learning that happened for the participants as a result of attending the program?").

As the groups were being run for children who have been impacted by the bushfires there was a risk that by participating, they may be re-traumatised. To minimise the risk of re-traumatisation, all allied health professionals who delivered the group programs were experienced in trauma-informed care. The groups were run in schools which were a familiar and safe environment for the children. In addition, staff from the school, with whom the children were familiar, participated in the groups. The Stormbirds program was designed to be fun and enjoyable, as well as being a "safe space for children and young people to practice new ways of thinking and responding to change and loss from natural disaster events."²⁰

2.1.2 | Data analysis

Survey data was entered into IBM SPSS Statistics (Version 26). Analysis of the data provided by each cohort of participants (e.g., children, parents, and educators) was undertaken separately to ensure that each cohort's perspectives were considered. Quantitative data were analysed using descriptive statistics (e.g., frequencies, mean, standard deviation). Open-ended responses were transferred to NVivo (Version 12) and then coded and themed.

Qualitative survey data analysis was conducted by three of the authors who worked together to code, review, refine and finalise the analysis. When reporting the qualitative findings, a unique participant identifier was attached to representative quotes (Ch = Child, PC = Parent/carer, F = Facilitator). Some respondents completed more than one survey, for instance, parent/carers with multiple children who participated in the Program, which was reflected in the assignment of unique identifiers (e.g., PC14_1 = parent feedback for child 1, PC14_2 = parent feedback for child 2).

2.2 | Interview data collection procedure and analysis

2.2.1 | Data collection instruments and procedure

Semi-structured individual interviews explored the impact of the psychosocial groups on children. All interviews were between 30 and 60 min long and undertaken online via Zoom by one of the authors. Interviews were audio and video recorded, and then transcribed.

TABLE 1 Child survey rating for five questions that began with the statement: In the Stormbirds program I have learned.

Level 1	Level 2
1. I am safe and things are getting better	I am not the only one whose life has changed
2. Life is always full of changes for me and my friends	Some good ways to cope with my feelings
3. My feelings are OK. They are not wrong	All feelings are OK including sadness and anger
4. I can plan things to help make me feel better	I can solve problems and make good decisions
5. There are people who can help me when things are hard	There are people who can help me when things are difficult
NB: The average response from the children on these questions was 2.58 (on a 1–3 scale) indicating overall very high levels of endorsement	NB: The average response from the children on these questions was 2.68 (on a 1–3 scale) indicating overall very high levels of endorsement

2.2.2 | Recruitment

Invitations were emailed to potential interviewees. The invitation included an information sheet and link to a short survey seeking demographic and contact information to enable scheduling of interviews. Participants completed a consent form prior to commencing their interview. Four parents, two school-teachers (ST), one preschool teacher (PST), one other school representative (SR), and one community representative (CR) participated in interviews. Participation in the interviews was voluntary, interviewees could withdraw at any time, and the focus of the interviews was on the RFW BRP rather than the bushfire event. The information sheet provided to participants acknowledged the potential for residual impacts from their bushfire experience and asked participants to decide for themselves if they wished to participate, or to decline if they felt it may be distressing. A distress protocol was also outlined in the information sheet and contact details for support services were provided.

2.2.3 | Data analysis

The transcripts were grouped by participant type (e.g., child, parent/carer, educator, community representative) and reviewed collaboratively by authors. Initial open codes were inductively developed in NVivo, then brought back to the broader team for discussion and synthesised into key themes and subthemes. Identifiers are reported alongside quotes throughout the results section.

3 | RESULTS

3.1 | Surveys

Feedback was obtained from 265 children who attended the group intervention, of whom 48.7% were male ($n=129$), 41.5% were female ($n=110$), and one child identified as other/gender fluid. The remaining respondents

did not provide an answer (9.4%, $n=25$). Children were aged between 4 and 12.5 years ($M=9.7$ years, $SD=1.9$; valid $n=239$). Children attended either Level 1 (37.7%, $n=100$) or Level 2 (62.3%, $n=165$) groups.

Parents/carers ($n=37$) completed surveys regarding 39 children who attended psychosocial groups (two parents had two children who attended the groups). Parents/carers identified as non-First Nation Australian ($n=32$), First Nation Australian ($n=3$), and “other” ($n=2$), with one parent indicating their cultural background was Taiwanese and one other choosing not to specify.

Group facilitators ($n=15$) completed surveys regarding 18 groups (some facilitators were involved in and completed evaluation forms for more than one group). The facilitators ran 12 Level 1 and 17 Level 2 Stormbirds groups. Facilitators varied in age from up to 30 years ($n=5$), 31–40 years ($n=4$), 41–50 years ($n=5$), and 51–60 years ($n=1$). Most identified as non-First Nation Australian ($n=13$), one identified as a First Nation Australian, and another indicated “other” but did not specify cultural background. Facilitators had the following professional backgrounds (they were able to indicate more than one response): occupational therapist ($n=5$), psychologist ($n=4$), social worker ($n=3$), speech pathologist ($n=2$), teacher/educator ($n=2$), school counsellor ($n=1$), chaplain/pastoral care worker ($n=1$), youth worker ($n=1$), and child, youth, and family worker ($n=1$).

3.1.1 | Child survey

The Level 1 Stormbirds group participants (younger children, $n=100$), were asked five questions that began with “In the Stormbirds program I have learned:” (Table 1). The average response from the children was 2.58 (on a 1–3 scale) indicating overall very high levels of endorsement. The Level 2 Stormbirds group participants (older children, $n=165$), were also asked five questions that began with “In the Stormbirds program I have learned”: (Table 1). The average response from the children was 2.68 (on a 1–3 scale) indicating overall very high levels of endorsement.

There was no difference between the average scores relating to gender for either level. No significant relationship was found between the age of the children who participated and their endorsement of the Level 1 and Level 2 outcome questions. Of the Level 1 and Level 2 questions, two pairs of questions were considered similar: Questions 3 and 5. For question 3, the younger Level 1 participants on average rated this question significantly lower than the older Level 2 participants (with a moderate effect size), while for question 5 there was no significant difference between the ratings of the two levels.

3.1.2 | Parent/carer survey

When asked to rate (responses rated 1 = strongly disagree, to 5 = strongly agree) the impact the Program had on children, parents/carers provided the highest level of agreement for the statement “My child knows who to talk to when feeling upset” ($M = 4.05/5$), followed by “My child knows that lots of change will happen throughout my life” ($M = 3.92$, $SD = 0.87$), “My child understands that it’s OK to feel angry” ($M = 3.79$, $SD = 0.70$), “My child is OK talking about change” ($M = 3.74$, $SD = 0.88$), “My child will be OK when things change in the future” ($M = 3.50$, $SD = 0.76$), “My child can choose how s/he wants to act when I feel upset” ($M = 3.50$, $SD = 0.95$), and “Sometimes my child finds it hard to say how s/he feels” ($M = 3.44$, $SD = 1.05$).

When asked to rate (responses rated 1 = not at all, to 5 = a great deal) how well they thought the Program supported their child, parents/carers indicated that the group provided the greatest support to their children in recognising they are not the only one going through change ($M = 4.24/5$) but less support regarding managing feelings ($M = 3.89/5$) (Table 2). In a separate question, parents indicated the most important aspects of the group for promoting children’s well-being were the opportunity for them to express their views ($M = 4.42/5$) and to be heard and acknowledged ($M = 4.37/5$).

3.1.3 | Group facilitator survey

When asked to rate (responses rated 1 = not at all, to 5 = a great deal) the outcomes of the Program for children the facilitators rated children recognising that they are “not the only one” ($M = 4.39/5$) and expressing their views ($M = 4.33$) the highest (Table 2). On average, facilitators rated significantly lower than the parent/carer group on the response “Make good choices” (with a large effect size) and “Become more resilient” (moderate effect size). In a separate question, facilitators identified the most

TABLE 2 Parents/carers’ and facilitators’ perspectives regarding children’s skills supported by the group.

	Parent/carers				Facilitators			
	Min	Max	Mean (/5)	SD	Min	Max	Mean (/5)	SD
Recognise that:								
• your child is not the only one going through change (parent/carer survey)	2	5	4.24	0.86	3	5	4.39	0.61
• they are not the only one (facilitator survey)								
Express their views	3	5	4.19	0.78	3	5	4.33	0.69
Understand that life changes	3	5	4.18	0.77	3	5	4.06	0.54
Make good choices	3	5	4.14	0.75	3	4	3.39	0.50
Understand their feelings	3	5	4.11	0.81	3	5	4.28	0.67
Build self-confidence and self-esteem	2	5	4.05	0.85	2	5	3.78	0.94
Become more resilient	2	5	4.00	0.94	3	5	3.50	0.62
Identify support networks	2	5	3.92	1.10	3	5	4.28	0.58
Manage feelings	2	5	3.89	0.83	3	5	3.67	0.59

important aspect of the Program for enhancing children's well-being to be the opportunity for children to express their views ($M = 4.72/5$).

3.2 | Qualitative survey findings (surveys and interviews)

Children, parent/carers, and facilitators were asked in the surveys and interviews to describe the most important or significant learning that occurred for children from participating in the children's groups. Three main categories of responses were identified: (1) shared experiences, (2) understanding emotional reactions and change, and (3) strategies for coping.

3.2.1 | Shared experiences

On the surveys, children wrote that they learnt how "change happens" (Ch46), that "everyone was affected by the fires" (Ch70), and they were not "the only one having a tough time and that it's okay to need help" (PC13). Parent/carers felt that children developed an enhanced "understanding that others are also experiencing their feelings relating to the trauma [and] that these feelings are completely normal" (PC37). Children were reportedly more open to sharing thoughts and feelings at home after discussing them in the group: "sharing what they had talked about helped to open conversations about those things at home" (PC11).

Facilitators also felt that through sharing experiences with the group, children learnt "that they aren't alone, that other kids have had or are still experiencing challenging situations and tricky feelings" (F2). Other interviewees indicated that the groups provided opportunities for children to share stories and experiences with their peers and the facilitators, form connections, and realise that others had also been affected by the bushfire:

Having those kids all together, you know they all experienced something different but all similar at some point. So what we were hoping was that they all would be [...] having very similar feelings around this and that was a really strong connecting point for the kids [...] they are all going through that same grief process.

(SR)

Capacity to talk about traumatic events and the importance of talking about them [...] possibly hearing other people's side and seeing how everyone else was affected,

increased understanding around their emotions.

(ST2)

The children's acceptance of feelings and talking about emotions was reiterated by another school teacher:

It's quite normal to have these feelings [...] this is not a bad thing that you're feeling sad or worried or you know it's just a normal process that you're working through [...] the capacity to just realise that it's okay to talk about when you're not okay.

(ST1)

The storybook and journal resources used in the groups were thought to facilitate sharing of feelings and experiences, providing "space" and a "fun way" for children to talk about their situations (PST). The resources also supported children to identify:

Feelings that they might have had and explain why they might have had those feelings. So there was a lot of opportunities to share among the group around those sorts of things. [...] [The journal allowed the children to listen] to stories about bushfires and then [reflect] on that.

(ST)

The resources encouraged the children to talk about their experiences, by taking them home to "show it to their parents and use that to talk to their parents" (CR). Parents noticed that their children had greater understanding of the need to share feelings and experiences. One parent said that that her child "would even tell my husband and I 'you know, it's alright to be sad about something'" [PC 11].

3.2.2 | Understanding emotional reactions and change

In the surveys children indicated they understood that other children and people had emotional reactions to the fires, that their "feeling[s] really matter" (Ch87), "it is OK to be sad or angry" (Ch71) and "feel upset when these kinds of things happen" (Ch9). A key message from the children was that "everyone is different, and changes and feelings are OK" (Ch16). Parent/carers and facilitators felt children learnt "life does change, and it can happen quite quickly or slowly" (PC26), "how anxiety works" (F8), and how "a person can have lots of feelings at the same time. Feelings come and go. That all feelings are ok" (F13). Children reportedly

demonstrated “growth of understanding of feelings and emotions” (F7) and “understanding [their] body in feelings” (PC19) including “fight, flight or freeze” (PC18_2).

The interviewees felt the children gained a deeper understanding of disasters through attending the children’s groups, which was felt to be of particular importance given some children had experienced drought, flood, and COVID-19 as well as bushfires prior to the Program.

I think the way it’s sort of pitched at the beginning to talk about a whole range of disasters [...] set in a world context you know bit more normal, it’s not just a freak event that struck us down.

(CR)

If another disaster was to hit, we have got these strategies in place that we can try and continue on as normal but also to put those supports in place when they are needed.

(SR)

The school representative reported that children learnt “coping strategies, problem solving, decision-making skills [...] techniques to help [them] with what [they] have been through” (SR). Parents also saw positive “change in [their child’s] behaviour” and one parent believed their child could now “cope with his emotions better”:

He actually told me that himself that’s what they have learnt about [...] it’s alright to be sad or angry or that sort of thing with his emotions.

(P)

Participants acknowledged that the coping skills learnt in the groups could also be used in everyday life “as opposed to necessarily around some sort of disaster or extraordinary event” (ST2). The value of children realising they have coped with... was acknowledged by the community representative: “[the children are] actually very strong because they’ve been through it and here they are with us” (CR).

3.2.3 | Strategies for coping and moving on

In the survey, children identified strategies they had learnt to cope with their feelings, including “taking deep breaths” (Ch19) and “five finger breathing” (Ch30), “talk about the fires and let my feelings out” (Ch89), “write down what we know and how we feel” (Ch135), and “ways to be relaxed” (Ch185). Some children mentioned they wanted to

learn “more about mood and listening to music” (Ch11), “how to cope with [feelings] better” (Ch12) and “ways to become calm” (Ch7). They also wanted to learn about “keeping the bad feelings inside and not letting them out” (Ch24) and “other’s feelings and how I can fix them” (Ch28). According to parent/carers and facilitators, children learnt “how to identify and name feelings and think about things that they can do to help themselves” (F10) and “tools and strategies to manage challenging feelings and situations” (F12), including “different breathing and meditation techniques” (PC2) and “ways to calm down” (PC4). Children reportedly learnt that “adults and others could be trusted with confidential and emotive material” (F6) and “realised how many people they were able to talk to at school” (F11).

The interviewees indicated that the children’s groups facilitated acceptance, healing, and moving on toward the future. The community representative emphasised the importance of children having opportunities to “talk about that time, learn about that time, and share feelings. And then, [focus] what the future holds and where we are going on to.” She felt the group enabled children to acknowledge a “moment in time” to allow them to “move on.” An example of children acknowledging past events and moving on was through playing a “bushfire or a disaster game” which may have provided a “way of them actually resolving their issues” (ST2). The PST felt the groups highlighted recovery and rejuvenation, and “that the healing is happening.” The groups helped children to see “the trees have come back, and the birds come back to visit us” (PST).

4 | DISCUSSION

Psychosocial groups delivered in preschools and schools as part of the RFW BRP reportedly led to significant learning and positive impacts for children in the areas of coping, well-being, and peer connections. Similar themes occurred across surveys and interviews and findings reflected the perceptions of the children who participated in the groups, and key people around the children such as parents/carers and teachers. These outcomes support the findings from Galvan et al.’s¹¹ systematic review that providing psychological interventions through schools soon after a disaster is beneficial. The children’s groups were a Tier Two intervention, in accordance with the three-tier approach proposed by the National Child Traumatic Stress Network School Committee.¹⁷ A Tier two intervention provides “support, education, and advice on selfcare strategies such as calming techniques and social connectedness”.^{18,p.82} These outcomes also appear to have contributed to Tier One outcomes of creating a safe and positive environment to promote healthy and successful

behaviours,¹⁷ judged by the connections children made with each other and with adults, and their willingness to share their feelings, experiences, and stories.

The finding provided evidence that the BRP addressed the five essential elements for trauma recovery proposed by Hobfoll et al.¹⁶ Children reportedly gained coping skills and increased their understanding of and ability to express emotions after attending the groups, which reflected the promotion of safety and calming, and underpinned self-efficacy. Children learnt that their emotions were “ok” and “normal” and they were not the only ones experiencing challenging reactions to the fires. This learning reflects normalisation, an important principle in promoting calming.^{13,16} As Hobfoll et al.¹⁶ observed, “normalising and validating expectable and intense emotional states and promoting survivors’ capacities to tolerate and regulate them are important intervention goals” (p. 292).

As previously mentioned, the group format provided opportunities for children to share feelings, experiences, and stories, and recognise that others also had emotional reactions to the bushfires. Learning that adults could be trusted with sensitive information was also a key finding. These aspects highlight the promotion of connectedness in the groups, which may contribute to building collective efficacy.^{16,21} Identification of potential sources of support has also been found to be a key aspect of group intervention with adolescents exposed to war trauma.²² Finally, the promotion of hope¹⁶ was demonstrated by the children’s ability to look forward to the future and acknowledge growth and change in the environment around them.

Some children expressed a desire to learn more about coping strategies and managing emotions, for instance “how to cope with [feelings] better” and “ways to become calm”, indicating further support in these areas may be beneficial. This corresponds with Gibbs et al.’s¹⁸ recommendation that trauma interventions should continue beyond the point where they would usually be reduced or withdrawn to cater for children with “ongoing issues requiring support several months to years after an event” (p. 70) and to include different tiers of care.

As mentioned by a teacher in this study, many of the skills and key messages learnt in the children’s groups have broader application in children’s lives. These skills include the capacity to talk to and trust adults, share thoughts and experiences with others, build connections with peers, and understand and manage feelings. Access to psychosocial programs to build general resilience and coping skills and promote well-being could support children through childhood and adolescence and the complexities associated with navigating social interaction, relationships, and academic and learning demands. Such programs may be particularly beneficial for children with

developmental vulnerabilities. Adaptation and expansion of psychosocial programs more broadly in preschools and schools may play a role in preparing children for potential future adversity in age appropriate ways.

4.1 | Limitations and future directions

This study was based on the perspectives of children and key adults regarding the impact of the children’s groups, rather than direct assessment of children’s outcomes. Information about the children’s well-being and development prior to the bushfires was unknown, so a pre- and post-intervention comparison was not possible. Furthermore, given the surveys were anonymous, participant data were unable to be linked (for instance, parents and their children). Small sample sizes for interviews, and parent/carer and group facilitator surveys mean the findings may not represent the views of all people involved with the Program. However, participants were from a range of cohorts and regions/schools, and the mixed methods design enabled triangulation and added weight to the findings. Finally, as surveys were completed at the end of the groups, this study focused on short-term impact only. Medium- and long-term impacts on children requires further investigation. While children’s views were captured via surveys, further input from children is recommended in the design and evaluation of future programs of this nature as children have important perspectives to share about their experiences and the issues that affect them. Implementation and evaluation of multidisciplinary, psychosocial support programs which offer longer-term support for children following bushfires should be considered in future.

5 | CONCLUSION

Children can experience far-reaching impacts from bushfire trauma. Community-based, multidisciplinary, psychosocial interventions such as those provided in the Bushfire Recovery Program can support children to build resilience, learn coping strategies, and enhance their understanding and management of emotions. Connecting with peers in supported group settings enabled children to recognise that they are not alone in their experiences. The findings support the benefits of implementing group psychosocial interventions for children exposed to bushfire trauma. Implementation and evaluation of longer-term programs are needed to provide evidence-based, effective support for children who may have ongoing mental health, well-being, and developmental needs following bushfire.

AUTHOR CONTRIBUTIONS

Nicole McGill: Investigation; writing – original draft; writing – review and editing; methodology; formal analysis; project administration; conceptualization. **Michael Curtin:** Conceptualization; investigation; funding acquisition; writing – original draft; methodology; validation; writing – review and editing; formal analysis; supervision; project administration. **Gene Hodgins:** Investigation; methodology; formal analysis; writing – review and editing. **Tracey Parnell:** Investigation; writing – review and editing; methodology; formal analysis. **Sarah Verdon:** Conceptualization; investigation; writing – review and editing; methodology; formal analysis. **Judith Crockett:** Writing – review and editing; formal analysis. **Wendy Rose Davison:** Data curation; writing – review and editing; project administration.

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CONFLICT OF INTEREST STATEMENT

As authors of this article we declare that we have no financial, personal interest or belief that could affect our objectivity.

ETHICS STATEMENT

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