

'Want to help the children? Help the parents':

Challenges and solutions from the Babies and
Young Children in the Black Summer (BiBS) Study



Australian
Breastfeeding
Association

WESTERN SYDNEY
UNIVERSITY



‘Want to help the children? Help the parents’:

Challenges and solutions from the
Babies and Young Children in
the Black Summer (BiBS) Study



The Babies and Young Children in the Black Summer (BiBS) Study

The Babies and Young Children in the Black Summer (BiBS) Study is a collaboration between the Australian Breastfeeding Association (ABA) and Western Sydney University. ABA is Australia's peak breastfeeding information and support service and a critical part of Australia's public health infrastructure.

Founded in 1964, ABA is also one of the largest volunteer organisations in Australia, with nearly 1,000 trained volunteer breastfeeding counsellors and educators who provide support to new mothers and health professionals. ABA services include the 24-hour, 365 days a year National Breastfeeding Helpline (1800 686268), LiveChat service, mum2mum app, local support groups, antenatal classes, numerous print and digital resources, and health professional education.

During the Black Summer Bushfires, ABA volunteers provided support to mothers via the National Breastfeeding Helpline and, for some, in person. Through the work of their volunteers, ABA has long been aware of the vulnerable position of infants and very young children and their families during and after disasters, and the need for better support for them.

The BiBS Study is part of ABA's Community Protection for Infants and Young Children in Bushfire Emergencies Project, which is based in Eurobodalla Shire on the NSW South Coast. The project aims to increase community resilience to disasters through facilitating better planning and preparedness to meet the needs of very young children and their parents and caregivers in emergencies.

Acknowledgements

We are grateful to the parents and caregivers who so generously shared their experiences of caring for their very young children during the 2019-20 Black Summer Bushfires.

We also sincerely thank the emergency responders in Australia and overseas who shared their experiences and expertise.

We would like to thank Jonathan Ng for help with data analysis and our ABA colleagues Kate Turtiainen and Alexandra Shanks who provided invaluable assistance throughout the BiBS Study and the writing of this report.

This project was conducted on Yuin Country, on the lands of the Djiringanj and Walbanja people. We wish to pay our respects to the elders of these lands past, present and emerging and acknowledge and thank the indigenous people who took part in this research project.

This research was supported by an Australian Government Protecting Australian Communities-Local Stream Grant.

Ethical approval for this research was granted by Western Sydney University, approval number HI5019. ABA research approval number is 2022-05.

DOI: 10.26183/ggeh-p937

Contact: BIR@breastfeeding.asn.au

About the authors

■ **Karleen Gribble** is an Adjunct Associate Professor in the School of Nursing and Midwifery at Western Sydney University. She is the author of more than 70 peer-reviewed papers and book chapters on infant feeding, child protection, and child rights and is a world leading researcher on infant and young child feeding in emergencies.

Karleen is a current steering committee member of the international interagency collaboration the Infant and Young Child Feeding in Emergencies Core Group and has provided advice to UN organisations, non-governmental humanitarian organisations, health professionals, emergency responders and government bodies on the emergency response to infants and young children in diverse countries.

Karleen is also an ABA Breastfeeding Educator and Counsellor.

■ **Michelle Hamrosi** is a General Practitioner and International Board Certified Lactation Consultant.

Michelle experienced the Black Summer Bushfires in Eurobodalla Shire first-hand and evacuated three times with her three children, the youngest of whom was a toddler.

She returned to work in the week following the fires and supported families throughout the aftermath. Michelle is a clinical lecturer for the Australian National University's Rural Medical School and lectures on emergency disaster preparedness and response in primary care to medical students.

She is an ABA Breastfeeding Counsellor and Educator has led the Australian Breastfeeding Association Eurobodalla Group for the past eight years, including through the Bushfire recovery and COVID-19 pandemic.

■ **Susan Tawia** is a breastfeeding researcher and health professional educator for ABA's Breastfeeding Information and Research team.

Susan has held a variety of positions as a scientist and educator having worked as a research scientist, university lecturer and school teacher.

In her role at ABA, Susan undertakes research about the impact of ABA services on the experiences of breastfeeding women; supports other ABA staff to evaluate their services; and facilitates ABA collaboration with university researchers on joint infant and young child feeding research. Susan also oversees the publication of ABA's peer-reviewed academic journal, Breastfeeding Review.

Susan is an ABA Breastfeeding Educator and Trainer and Assessor.

Executive summary

The 2019–20 Black Summer Bushfires was an emergency of unprecedented scale. During these bushfires, many families with very young children had to evacuate, were isolated in homes or towns, and were caught in large traffic jams. They experienced loss of access to health care, clean water, power, communications, fuel, money, and shops. To date, there has been very limited research on infants and young children in Australian disasters. The Babies and Young Children in the Black Summer (BiBS) Study was designed to address this gap, and provide an evidence base to enable improvements in emergency planning and response.

From August to December 2022, an Australia-wide online survey was conducted and completed by 233 parents and caregivers of children 0 to 4 years who were impacted by the Black Summer Bushfires and 40 emergency responders who had supported families in this emergency. In addition, 23 parents from Eurobodalla Shire and surrounds were interviewed about their Bushfire experiences, as were 37 emergency responders from across Australia and 20 global emergency experts involved with emergency planning or response related to very young children in high income countries.

Caring for an infant or very young child profoundly impacted caregivers' bushfire experiences. Preparing to evacuate was more complex, and more physically and logistically difficult with very young children. Caregivers reported being underprepared, many did not have an evacuation plan prior to the Bushfires and found it difficult to pack when evacuation was imminent. This meant they often evacuated later than they wanted to, did not always have the resources they needed to care for their children and sometimes presented at evacuation centres without necessary supplies. Where parents were able to evacuate to the home of a family member or friend, their experience was much better.

Caregivers and emergency responders saw a need for targeted resources and communications to better prepare families with very young children for emergencies, including what items to pack in evacuation kits. Parents wished they were better prepared and had evacuated earlier.

When it came to evacuation, mothers were often on their own, sometimes with multiple small children and elderly people. Partners commonly stayed behind to protect property or worked in emergency response. Large evacuation centres were often very difficult places for these women as they tried to keep their children safe in environments that were overcrowded, where there were many strangers and animals, and where resources for caring for very young children were limited. Breastfeeding women sometimes felt very uncomfortable feeding in such close quarters with so many people. Women's focus on their children meant that they sometimes neglected their own needs, including for food, and water. Some emergency responders were aware of the vulnerability of children and their caregivers in large evacuation centres. They described child protection concerns, awareness of physical dangers, and unsafe practices by unsupported caregivers such as bottle washing in toilet sinks and unsafe cosleeping. These emergency responders highlighted a need to provide proactive support to the caregivers of very young children. However, they also said that a lack of planning and training on children in disasters meant that the needs of very young children were often not visible to the broader population of emergency responders. They said that it was often assumed that parents do not need help and will be able to look after their children on their own. They noted a particular gap for children younger than school age.

Caregivers and emergency responders described how small evacuation centres, or evacuation centres that had multiple rooms allowing a separate space for families, provided a much better experience for young children and their caregivers.

Ad hoc evacuation centres in venues such as doctors' surgeries and childcare centres were created by community members on their own initiative and provided evacuation spaces that were supportive of child and caregiver wellbeing. A global emergencies expert, described how Community Response Planning, involving community members in emergency planning and assisting them to identify how to support each other in emergencies, has been deployed in New Zealand. This has included identifying evacuation centres suitable just for families with very young children. The community response and kindness exhibited during the Black Summer Bushfires showed that many individuals are very willing to provide support to very young children and their caregivers in disasters. Mothers and other caregivers very much appreciated the support of all emergency responders who assisted them.

Some evacuation and recovery centres had formal child friendly spaces which not only provided a place where children could play, but also the presence of emergency responders who were aware of children's needs and could advocate for them. Parents, caregivers and emergency responders said that designated evacuation centres should have a separate area for families with very young children where they can access the necessary hygiene, feeding, and sleep resources, and proactive support in childcare. Overseas emergency experts interviewed described how this has been implemented with success in Alberta, Canada in the form of an intervention called the Baby and Child Unit.

When it came to feeding babies during the Black Summer Bushfires, mothers who were breastfeeding were glad this was the case when they evacuated or did not have resources like electricity. However, they also often had concerns about breastfeeding, with infant fussiness and frequent feeding leading to worries about milk supply. Many mothers and emergency responders falsely believed that stress reduced milk supply. Emergency responders saw a need for breastfeeding support for evacuated mothers but in practice found this difficult to access.

It was also recognised that busy or preoccupied mothers not drinking enough fluid or infrequent breastfeeding during the acute or recovery phases of an emergency could lead to a reduced milk supply.

Caregivers of formula feeding infants found it challenging to evacuate with all the supplies necessary to feed their babies. Obtaining infant formula could be difficult during the Bushfires. Mothers were clearly distressed by not being able to obtain infant formula or not being able to obtain specialised infant formula their baby required. Access to clean water and power to heat water for washing and reconstitution were difficult or impossible for some caregivers to obtain for some time. The process by which infant formula was provided to caregivers in evacuation centres varied widely. Often, there was uncertainty about who took responsibility for ensuring that caregivers also had access to washing and preparation facilities in the evacuation centre or in the community. Emergency responders described excessive volumes of infant formula donations being made with donations often close to or past its use by date. Donated infant formula was offered to some breastfeeding women as well as those who were formula feeding, but those offering infant formula did not always check whether caregivers had resources needed for use with an acceptable level of safety. Feeding very young children solid food was also sometimes difficult during the Bushfires due to lack of access to appropriate foods or cooking and washing facilities.

Women who were pregnant at the time of the Bushfires had their access to health care restricted and in some cases their health was jeopardised. Two pregnant women interviewed, reported fainting while queuing. Pregnant women found it more difficult than others to breathe because of their reduced lung capacity and many were very worried about the impact of the smoke and stress on their unborn baby. It was identified that there was a need to provide resources to pregnant women in case they had to give birth alone because of isolation due to an emergency.

The needs of very young children for sleep, feeding, toileting, attention, comfort, supervision, and play profoundly impacted their caregivers' experience of the Bushfires. Caregivers did their best to work around these needs, but this was often difficult. They also did their best to keep calm around their children to protect their emotional wellbeing. Caregivers often faced long waits in queues at evacuation centres, recovery centres and supermarkets. This could impact their capacity to obtain support and basic resources. Intervention by emergency responders to reduce queuing was a practical way to enable caregivers to access resources, reduce their stress, and support child wellbeing. Some caregivers faced additional challenges related to culture, disability, trauma, and domestic violence and emergency responders recognised a need for better planning and more support for such families.

Caregivers and emergency responders understood that the physical, time and emotional demands of recovery, presented challenges to caregivers' ability to look after the physical and emotional wellbeing of themselves and their children. However, some mothers felt they did not deserve mental health assistance after the Bushfires because others were suffering more than them. Others simply found it too difficult to access support because of busyness including time spent caring for their children. In New Zealand, the 'All Right' and 'Sparklers' social marketing campaigns were launched after the 2011 Christchurch earthquakes to remind parents of the importance of their caregiving role and provided tools to assist them to engage with their children, to be kind to themselves and to feel good about their parenting.

In the aftermath of the Bushfires, preschools and early childhood centres provided older toddlers and preschool-aged children with some normality and routine, as well as supporting the wellbeing of parents by providing them with childcare. Early childhood educators described how they sought to create an environment that would promote feelings of safety. Early childhood educators also knew about families' circumstances and so could provide material support in a non-obtrusive way.

These centres also acted as a conduit for other organisations to reach families with wellbeing programs. However, it was noted that early childhood-based programs can miss the very youngest children and their families who may not be engaging with these services.

It was recognised by emergency responders that supporting the emotional wellbeing of the infants and the very youngest children, needs to be predominantly focused on supporting their parents in caregiving. Emergency responders described informal initiatives supporting mothers in the immediate aftermath of emergencies through providing spaces for women to come together, to share stories, to support one another, and for children to play. After the 2019–20 Bushfires, the Australian Childhood Foundation created a more permanent space for mothers and their very young children in one community through a program called ChildSPACE. ChildSPACE supports the emotional wellbeing of caregivers through promoting social connectedness and provided a toy library, classes and access to other resources and has been very well utilised in this community.

In conclusion, the BiBS study showed that the emergency response to very young children and their caregivers in Australia is inadequate. Very young children and (predominantly) mothers, are bearing the brunt of this and are being exposed to avoidable risks. Emergency responders are not being enabled by appropriate planning, training, or resourcing to support families with very young children in disasters. In recovery, programs to support the parents of the very youngest children are largely absent. Action should be taken to ensure better support for the caregivers of very young children and their caregivers in emergencies.

Recommendations to better support families with very young children in emergencies

Preparedness

- Existing emergency policies, planning, and guidance should be evaluated with a 'young child lens' to identify gaps and make adjustments to ensure the needs of very young children and their parents and/or caregivers are appropriately accounted for. Individuals with expertise in the needs of very young children should be involved in evaluations and planning adjustment.
- Policies and planning for the needs of very young children in emergencies should be integrated across relevant government and non-government organisations so that they can efficiently work together to protect very young children.
- At a local level, the involvement of community members including parents, health workers and early childhood educators in emergency planning should be facilitated. Encouraging parents to build relationships with neighbours and others in the community should be encouraged for building family and community resilience.
- Emergency responders and health workers should receive appropriate training for their role in supporting the caregivers of very young children in disasters. This might include basic training on psychological first aid for very young children and their caregivers, infant and young child feeding, sleep safety, child protection, infant mental health, child development, and referral pathways for families with very young children. Guidance documents, checklists and flow charts should be developed to support emergency responders in their work. The needs of infants and young children should be included in training scenarios.
- The needs of very young children should be considered in evaluation of venues for suitability as evacuation centres. Factors to consider include whether the building has rooms or spaces that could be used as a child-friendly space or as separate space for families with very young children as well as safety considerations related to roads, gates, steps and balconies.
- Policies, plans, and procedures should be developed for the prevention and management of infant formula donations and to enable appropriate infant formula distributions. Where infant formula is provided, access to other necessary resources for formula feeding should be facilitated. Education of the public should be undertaken on the importance of donating funds rather than products for supporting the needs of young children.
- Emergency preparedness materials and initiatives for families with very young children should be developed. Content should include detailed information on what to pack in evacuation kits for infants and toddlers and emphasise early evacuation and prioritisation of evacuation to homes of family and friends rather than evacuation centres. At a local level, parents should be informed about which evacuation centres are more suitable for families with very young children. Communicating with parents via child-related organisations such as playgroups and preschools/childcare centres will assist in maximising parental engagement.
- Pregnant women should be provided with information on emergency preparedness, including early evacuation, avoidance of smoke, and emergency kit items and information in case of giving birth while isolated. Breastfeeding should be encouraged and supported antenatally and postnatally as an emergency preparedness activity.
- Social media messaging addressing the broad spectrum of possible emergency related issues for families of very young children should be prepared. Messaging should relate to emergency planning, emergency kits, boil water alerts, power outages, heat waves, smoke and asbestos, as well as messaging for particular emergency types (bushfire, floods, cyclones etc).

Emergency response and recovery

- Evacuation centres should provide a space for parents and caregivers of very young children separate from the general population. These spaces should be resourced with: a private space for mothers to sit and breastfeed or express milk, snacks and water for breastfeeding mothers, infant formula, a clean space for infant formula preparation, washing and sterilising supplies, access to hot water for washing, complementary foods and feeding implements; nappy changing facilities, safe sleep spaces, and an appropriate play space for babies to crawl, sit and play along with suitable clean toys. These spaces should be staffed by volunteers/workers who have received basic training on breastfeeding, formula feeding, hygiene, sleep safety, and psychological first aid and aim to provide an environment where caregivers are able to be responsive and reassuring to their children. Mothers experiencing breastfeeding challenges should receive breastfeeding counselling onsite or via the National Breastfeeding Helpline. Infant formula provision should be the responsibility of one organisation and accompanied by an appropriate assessment of need.
- Safety of children in evacuation centres should be prioritised. Walkthroughs should be regularly undertaken to ensure that the environment is safe for children. Evacuation centres should have clear signage directing parents and caregivers to assistance and signs in toilets stating that baby bottles should not be washed there.
- Registration processes in evacuation centres should allow identification of immediate child needs, including regarding feeding. Parents and caregivers of very young children and pregnant women should be prioritised for access to resources and assistance, with queuing minimised in evacuation and recovery centres.
- Child Friendly Spaces should be provided in evacuation and recovery centres so that children of all ages can be cared for and play while parents and caregivers attend to important needs and conversations on their own.
- Immediately following the emergency, a space should be provided for mothers and other caregivers to come with their infants and very young children to be with one another, to support one another, and to allow children to play. Over time, this space should be augmented with more formal supports, with the intent being to facilitate mothers and other caregivers to remain connected to and to provide sensitive and responsive care to their very young children.
- Early childhood education should continue to provide a means by which preschool-aged children and their caregivers are supported following emergencies. Other community resources for mothers and caregivers of infants and very young children such as new mothers' groups, playgroups, music groups, and ABA groups should be supported to restart where possible after disasters.
- Parents should be provided with information and resources on how to assist their very young children who have been directly impacted by the emergency or by their parents' traumatic response. Initiatives to reduce the burden of recovery on parents should be supported with the understanding that anything that frees up time or reduces parental stress will assist children. Parents who need mental health support should be encouraged to access it, not only for their sake but also as a positive step for their children. Child minding and other facilitators of parental access to mental health and other supports should be made available.

Contents

Executive summary	iii
Recommendations to better support families with very young children in emergencies	vi
Introduction	1
How we conducted the research	3
Parents' and caregivers' survey	4
Emergency responder survey	13
Interviews with parents	15
Interviews with emergency responders	30
Global emergency expert interviews	48
Conclusion	53
References	54



Introduction

This report summarises the findings of the Babies and Young Children in the Black Summer (BiBS) Study which is part of the Australian Breastfeeding Association's Community Protection for Infants and Young Children in Bushfire Emergencies Project. It describes the experiences of parents and caregivers of infants and young children (0-4 years) during and after the Bushfires of 2019-20 that impacted large parts of Australia. It also describes the experiences of people and organisations who worked to support families with very young children during and after this and other Australian natural disasters. It outlines actions that organisations and governments in other high-income countries have taken to support families with young children in emergencies. Finally, it makes recommendations based on the evidence collected, to improve the emergency response to very young children and their caregivers in Australia.

Australia is prone to disasters including bushfires, cyclones, floods, and heatwaves. These emergencies are set to increase in frequency and severity as a result of climate change. In particular, predictions show that Australia will experience an increase in intensity, frequency and duration of fire weather events (*Intergovernmental Panel on Climate Change, 2022*). Australian governments and non-government organisations have invested significant resources into emergency planning and response. However, emergencies do not impact all people in the population equally; some groups are more vulnerable to the impact of disasters than others (*Wisner, Blaikie, Cannon, & Davis, 2004*).

Where children were mentioned in emergency planning, it was most commonly as a part of a generic list of vulnerable groups...

It is recognised that emergency plans should account for the special needs of vulnerable groups in order to reduce risks to them and ensure they are provided with appropriate assistance (*UNISDR, 2015*).

Amongst the groups that are more vulnerable in emergencies are children. The younger the children, the more vulnerable they are (*Sammy, Lori, & Samuel, 2008*). Infants and young children are particularly vulnerable in emergencies due to their stage of physical and emotional development, specific food and fluid requirements, susceptibility to dehydration, and total dependence on others for care (*World Health Organization, 2009*). These characteristics interact with environmental conditions associated with emergencies such as poor sanitation, food and water shortages, power shortages, overcrowding, restricted access to health care, and stressed and distressed caregivers, to create a situation where they are at heightened risk (*Kouadio, Aljunid, Kamigaki, Hammad, & Oshitani, 2012*). Parents and other caregivers need support in disasters to protect their very young children from harm.

Creating an evidence base for emergency planning: why we conducted the research

Australia has historically lacked planning for the needs of children in emergencies. An audit conducted by Save the Children in 2013 found no standard practice in emergency management planning for the needs of children and a lack of detail regarding how their needs could be met (*Davie, 2013*). Where children were mentioned in emergency planning, it was most commonly as a part of a generic list of vulnerable groups. It was identified that the needs of animals were far more considered in emergency planning than children (*Davie, 2013*).

An audit of Australian national, state and territory emergency plans and guidance conducted in 2018 revealed a dearth of planning for the needs of infants and young children (*Gribble, Peterson, & Brown, 2019*). This audit focused on children's feeding needs and found that where

plans contained content related to infant feeding, they lacked detail, lacked important elements or evidence showed that the plans were not followed (Gribble *et al.*, 2019). Worryingly, some guidance related to heat waves contained information that could prove dangerous to infants. The study also found that no government or emergency agency had specific responsibility for children and only Queensland had detailed guidance for parents on what to include in an evacuation kit for babies. As in the earlier audit conducted by Save the Children, animals were much better catered for in emergency planning. While the words 'infant,' 'baby,' and 'babies' were mentioned 124 times in planning and guidance, the words 'animal' and 'pet' were used more than 2300 times (Gribble *et al.*, 2019).

The 2019-20 Black Summer Bushfires was an emergency of unprecedented scale. Beginning in July 2019, during Australia's hottest and driest year on record, and ending in March 2020, the Black Summer Bushfires resulted in the burning of more than 24 million hectares, the loss of more than 3000 homes and the direct deaths of 33 people (Royal Commission into National Natural Disaster Arrangements, 2020). All states and territories were impacted to some extent. An estimated 2.9 million adult Australians had their property damaged, their property threatened, or had to be evacuated (Biddle, Edwards, Herz, & Makkai, 2020). Smoke from the Bushfires covered a large proportion of Australia and may have impacted as much as 80% of the population resulting in hundreds of premature deaths and thousands of hospital admissions for heart and respiratory conditions, including asthma (Royal Commission into National Natural Disaster Arrangements, 2020). Many families with young children, including those on holidays, had to evacuate,

were isolated in homes or towns, got caught in large traffic jams, or experienced loss of access to clean water, power, or communications. Some were not able to purchase supplies, including food, because of inability to access stores, because stores had been emptied of goods, or because without electricity they could not obtain cash or use debit/credit cards.

Many families with young children, including those on holidays, had to evacuate, were isolated in homes or towns, got caught in large traffic jams...

The experience of the Black Summer Bushfires made it clear that emergency planning and response for infants and young children in Australia needed to improve. However, since there had been almost no research on infants and young children in disasters in Australia, an evidence base for planning was needed. The BiBS Study was designed to create that evidence base and enable proper planning to be developed so that infants and young children and their parents and caregivers are better supported in future emergencies.

How we conducted the research

The BiBS study has four parts.

1 First, we surveyed people who were caring for children 0-4 years during the 2019-20 Black Summer Bushfires or who had been emergency responders supporting families with very young children during or after these bushfires.

2 Second, we interviewed parents of children 0-4 years who had experienced the Bushfires within Eurobodalla Shire or surrounds.

3 Third, emergency responders who had supported families with very young children during the 2019-20 Bushfires or other disasters in Australia were interviewed.

The survey and interviews explored parents and caregiver's experiences of preparing for emergencies and caring for their very young children during the Bushfires, including during any evacuations and in the recovery phase. We wanted to know what people packed for their children when they evacuated, where they evacuated to, and what helped them or made things difficult for them in the acute and recovery phases of the emergency. Emergency responders were asked to describe how they had supported families with very young children and what they had seen that helped or did not help parents and caregivers during the Black Summer Bushfires or other emergencies.

4 In the fourth and final part of the study, we interviewed people who had been involved in planning or implementing emergency response in other high-income countries about the challenges they faced in supporting the caregivers of very young children and the solutions they had found to these challenges.



*Child at Malua Bay Beach during Black Summer Bushfires
(photo courtesy of Amanda Healy)*



Parents' and caregivers' survey

Two hundred and thirty-three parents and caregivers participated in the BiBS survey. The survey participants were overwhelmingly female, were the mothers of the children in their care, and were from New South Wales. The demographic characteristics of BiBS survey participants are shown in Table 1.

Table 1. Demographic characteristics of BiBS survey participants

Personal characteristic	N=233
Sex	
Female	226
Male	7
Age	
20-29	17
30-39	116
40-49	95
50+	5
Aboriginality	
Aboriginal or Torres Strait Islander	7
Not Aboriginal or Torres Strait Islander	222
Prefer not to say	4
State of residence	
New South Wales	179
Australian Capital Territory	12
Victoria	29
South Australia	5
Queensland	4
Outside Australia	3
Unknown	1
Household income	
<\$40 000	26
\$40 000-\$59 999	34
\$60 000-\$79 999	30
\$80 000-\$99 999	39
\$100 000-\$124 999	45
\$125 000-\$149 999	17
\$150 000-\$199 999	26
\$200 000+	16
Highest education level	
Year 10	9
Year 11	1
Year 12	13
Certificate or trade qualification	38
Diploma	29
Degree	64
Post-graduate	79

Parents and caregivers were not very prepared for the Bushfires

Sixty-five percent of parents and caregivers had not prepared a bushfire plan before the 2019-20 bushfire season. Of these, only half prepared a plan during the Bushfires. Of those who had made a bushfire plan, the most common sources of guidance on bushfire preparation were: a fire service website (25%), a state/territory government emergency website (24%), family or friends (24%), or a Bushfire Ready Day event (12%). Seventeen percent of caregivers said they didn't get information on preparing for a bushfire from anywhere, they just worked it out for themselves.

Before or during the 2019-20 Bushfires, about three quarters of parents and caregivers packed an evacuation kit that included items for their baby or young child. More than three quarters of these parents and caregivers had worked out what to put in this kit themselves without outside assistance.



Van set up at an evacuation site during Black Summer Bushfires

Sources of information on packing an evacuation kit weren't used often but included: state/territory emergency websites, fire service websites, a Bushfire Ready Day event, the Red Cross website and the Australian Breastfeeding Association website.

Many parents and caregivers evacuated more than once

Eight-five percent of parents and caregivers had evacuated at least once. Of those who never evacuated, only 3% had been advised to evacuate but did not; this 3% included three caregivers who did not evacuate because they didn't think that they were at real risk, two who did not evacuate because they decided to stay and fight, one who did not evacuate because they did not have transportation, and one mother who did not evacuate because her infant had been born prematurely and she wanted to avoid smoke exposure.

Most parents and caregivers evacuated multiple times: only 44% evacuated once, 33% evacuated twice and 12% evacuated three times. Some parents and caregivers evacuated eight or more times. The number of times parents and caregivers in the BiBS study evacuated are shown in Figure 1.

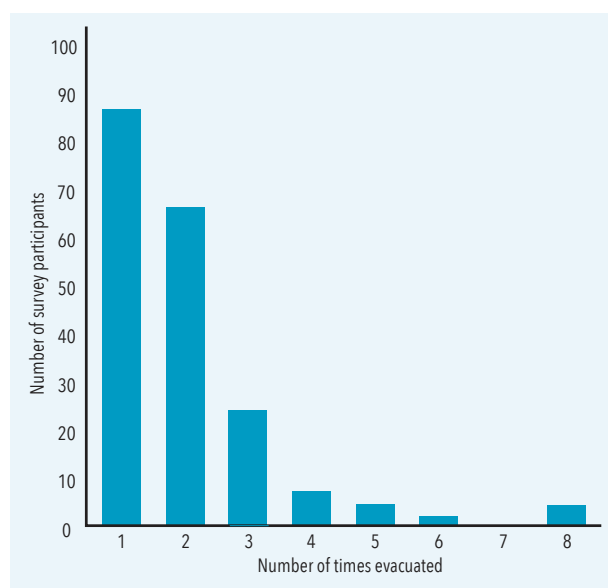


Figure 1. Number of times parents and caregivers evacuated during the Black Summer Bushfires

It was common for parents and caregivers to evacuate later than they wanted to.

Just over one third (36%) of parents and caregivers who evacuated said that they left later than they wanted to the first time they evacuated. The most common reasons why caregivers left later than they wanted were because they had: to pack things for children, to look after or evacuate with other people, animals to evacuate with, not prepared an evacuation kit. Other reasons why parents and caregivers evacuated later than they wanted were because they had to evacuate on their own, the woman's partner did not want to evacuate, roads were closed so evacuation wasn't possible, and in one case, a woman evacuated later than she wanted because she thought she was in labour. The reasons why parents and caregivers evacuated later than they wanted to are shown in Figure 2.

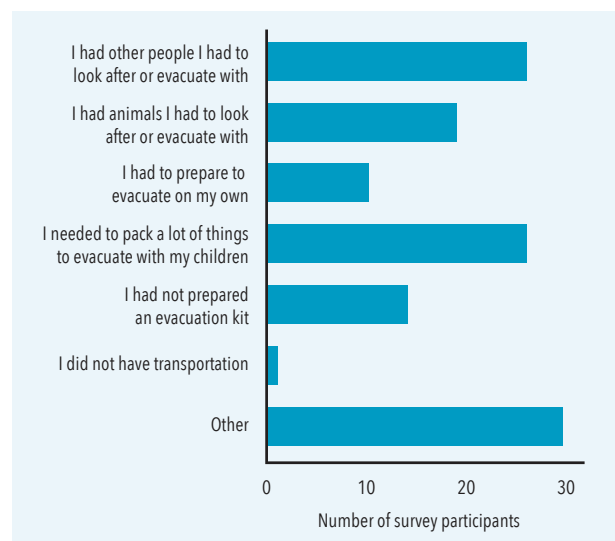


Figure 2. Why parents and caregivers evacuated later than they wanted to the first or only time they evacuated

Parents and caregivers most commonly evacuated to the homes of friends and family members

Over all evacuations, the most common place for parents and caregivers to evacuate to was to a friend or family member's home, either nearby (37%) or far away (18%). Twenty percent evacuated to an official evacuation centre, 9%

to an outdoor venue like a beach or sports field, 4% to an unofficial evacuation centre and 2% had been on holiday and evacuated by returning home.

Safety concerns in evacuation centres

Parents and caregivers were asked about whether they had safety concerns for their child in the places they evacuated to. Three quarters of parents and caregivers had safety concerns for their very young children in an official evacuation centre. These concerns related to: overcrowding, not having a safe place for their child to sleep, having strangers around their child, distressed or arguing people upsetting their child, animals being around their child, their child wandering away, not being able to care for their child because of their own stress levels, and around what would happen if they had to evacuate the building quickly.

One woman who had evacuated to a surf club by herself with her newborn and her two-year-old, after having only recently had a caesarean section, described what happened when the evacuation centre had to be evacuated:

'There were two occasions where there was a crowd crush to exit through a small double glass door. It was absolute chaos. It was everyone for themselves. The fire front came through and lifeguards told everyone to evacuate to the beach. It was chaos so I held my two babies back until the last to get out of the surf club even though I was terrified. A lady using a walker was left inside with us and I felt the need to stay with her but thankfully two lifeguards came running back and assisted her down to the sand. It was absolutely traumatic.'

Suggestions for evacuation centre improvements for very young children

Parents and caregivers were asked what could be done to make things better for those with very young children in evacuation centres. Almost half of their suggestions were related to having a separate space for families with young children. Other suggestions were related to access to baby supplies and toys as well as having food suitable

for very young children and identifying who to ask for help or having people offer assistance.

One mother described how:

'It was unclear who was in charge or able to assist. Lots of evacuees were helping others e.g. elderly, but it would have helped to have clearer identification of who could help or who to speak to if you had concerns. A quiet space for babies and children would have made a huge difference for feeding, sleeping and settling. More supplies of bottled water. A generator to maintain power and access to boiling water. We were in the centre for 12 hours and it wasn't until the last hour that anyone checked in with me and my 5-month-old baby.'

Feeding infants and young children

One hundred and seventy-six BiBS survey participants provided information about the children in their care at the time of the Bushfires. Sixty-five had one child, 63 had two children, 27 had three children, 17 had four children and four had five children. A total of 58 children were infants at the time their family was impacted by the Bushfires (11 were <1 month old, 28 were one to five months old and 28 were 6-11 months). A breakdown of the ages of the children is in Table 2.

Table 2. Ages of the children of BiBS survey participants

Age of children	N=360
0-5 months	39
6-11 months	33
12-23 months	46
24-47 months	105
4-6 years	81
7-10 years	34
11+ years	22

During the Bushfires, 30 children 0-5 months were being breastfed at the breast, five were being fed expressed breastmilk, 12 were fed infant formula and two were being fed solid food. Of the children who were 6-11 months, 24 were being breastfed at the breast, two were being fed expressed breastmilk, seven were being formula fed, four were being fed cows' milk and 33 were being fed solid food.



Mother holding her newborn baby in her car during the Black Summer Bushfires

Women who were breastfeeding commonly stated that they were very glad to be doing so:

'I am so lucky I was still breastfeeding - I felt during this time of stress I could comfort my baby and make her feel sense of normality, I was also able to feed my child without needing to worry about safe food or bottle preparation and supplies.'

However, this did not mean that breastfeeding women did not encounter difficulties, many did so. As shown in Figure 3, the most common difficulties were that their babies wanted to breastfeed more frequently during the day or night-time and that they felt that stress had reduced their milk supply. It was not uncommon for women to experience more than one difficulty as was described by one mother:

'I am not one who needs to hide away to feed but with so many people in then one spot it was hard to sit still and watch my other children while feeding my youngest. Her feeds were all over the place not to mention sore nipples from lack of dry breast pads.'

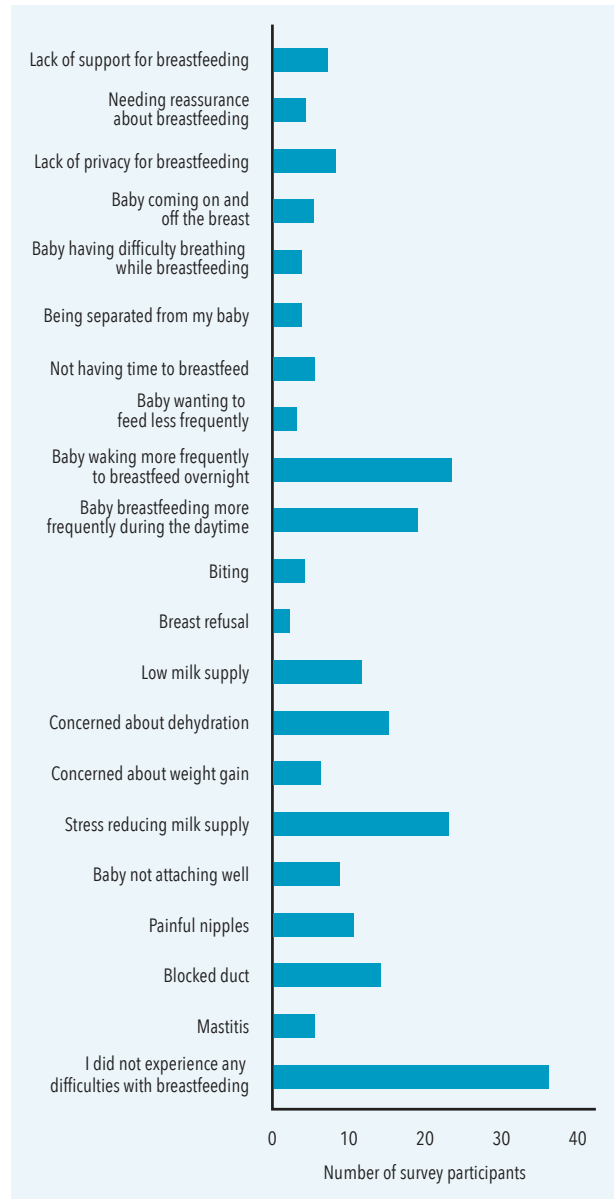


Figure 3. Difficulties with breastfeeding experienced by mothers during and up to one month after the Bushfires

Unfortunately, for a number of women, difficulties associated with the Bushfires resulted in them ceasing breastfeeding before they wanted to. It was clear that some felt very sad about this:

'It was disappointing to end our breastfeeding journey so suddenly'

'I felt like a failure. I had dreamed of breastfeeding my baby and it was taken away.'

Parents' and caregivers' survey *continued*

Parents and caregivers who were formula feeding also experienced challenges. As shown in Figure 4, they had difficulties accessing infant formula, not being able to boil water for infant formula reconstitution, not being able to sterilise bottles and not having hot water for washing. As one mother said:

'It was hard. I was in a routine of washing and sterilising bottles after each use in the microwave. When the fires happened, I had

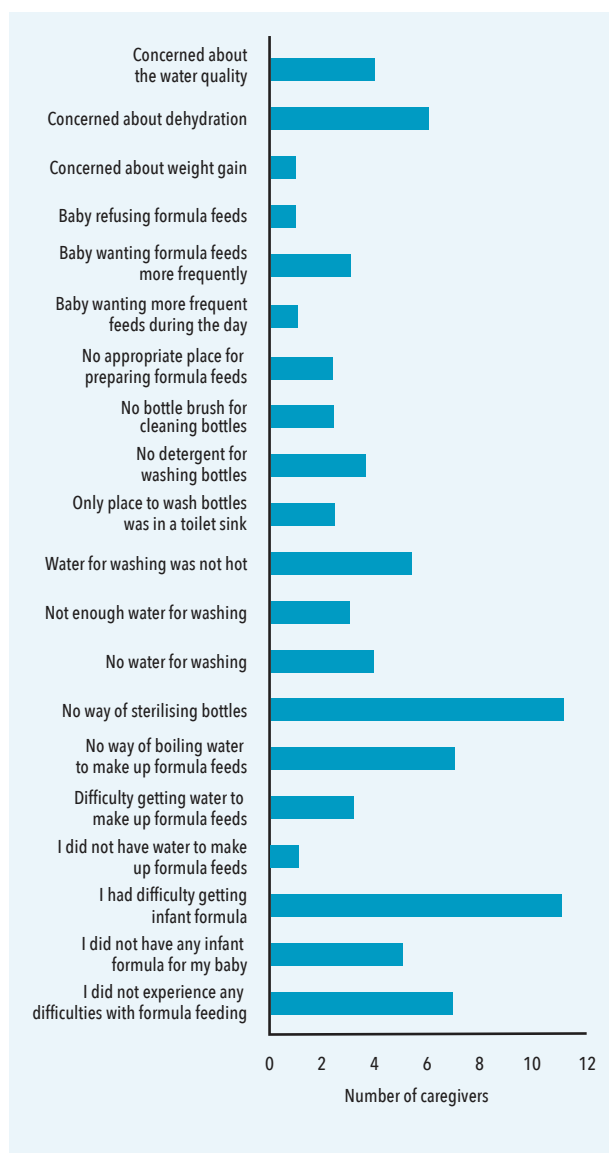


Figure 4. Difficulties with formula feeding experienced by caregivers during and up to one month after the Bushfires

absolutely no way to ensure the bottles were cleaned as we only had a bit of water and paper towel to wipe them out with. The bottles did not have any contact with detergent on over six days. We did the best we could.'

Survey participants were asked if they had been offered or given infant formula during or after the Bushfires. Fourteen breastfeeding women were offered and six were given infant formula. None of these women were asked if they had a way of heating water, detergent or clean water for reconstitution. Five formula feeding parents were offered infant formula and three were given infant formula. When infant formula was offered, four parents were asked if they had water for reconstitution, and one was asked they had hot water for washing and detergent.

As described by two women, donation of infant formula could be excessive:

'The local CFA shed had dozens of hampers dropped off at but we only have 26 households in the valley. I was the only one with a baby so I ended up with tins and tins of formula'

'People were trying to help. However it was an overwhelming amount of formula. Large amounts would have gone out of date before use. Some tins were for over 12 months of age.'

One hundred and eighty-two caregivers provided information on whether they had experienced difficulties with feeding solid food to their children 0-4 years during the 2019-20 Bushfires, and if so, what problems they had experienced. One hundred and eleven said that they had not had difficulties. Of the remaining 71 caregivers, common problems encountered were that children became fussier with eating, that there were difficulties accessing refrigeration and cooking facilities and that food could not be purchased from supermarkets for their child. Some of the issues were potentially dangerous, like foods being provided that were choking hazards or to which the child was allergic.

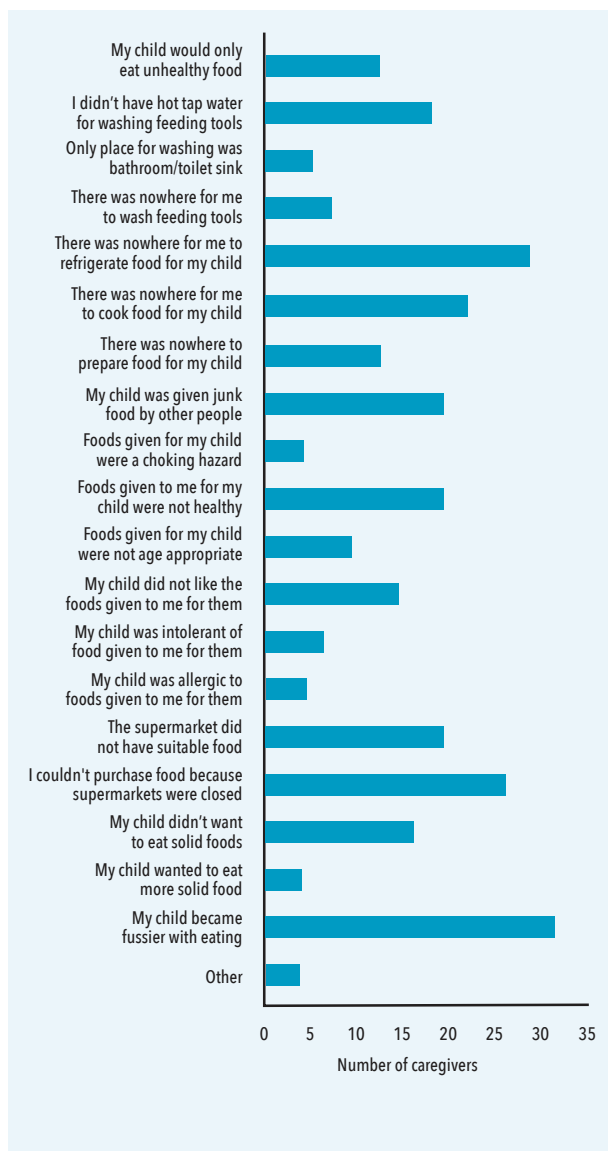


Figure 5. Difficulties with solid food feeding experienced by caregivers during and up to one month after the Bushfires

Sleeping environments

Caregivers were asked about where their children slept immediately before the Bushfires and during and up to one month after the Bushfires. As shown in Table 3, children's sleeping environments commonly changed. During and after the Bushfires, children were much more likely to be cosleeping with their mother (either in a bed or on a mattress) or to sleep in a pram. They were less likely to be sleeping in their own bed and were more likely to share a bed with a sibling.

Table 3. Frequency of sleep location for caregivers' youngest child during and up to one month after the Bushfires

	Before Bushfires	During and up to a month after the Bushfires
Bassinet	24	22
Cot	52	46
Pram	3	11
Sidecar cot	8	5
Bed with mother	55	82
Mattress with mother	8	21
Couch with mother	1	3
Own bed	38	23
Shared bed with sibling	1	9
Other	8	18

Twenty-five percent of caregivers were concerned that at some time during and after the Bushfires the sleep environment was not safe for their child. Safety concerns were related to air quality, cosleeping on surfaces not suitable for cosleeping, the child having to sleep on a bed without a rail, and fear of strangers in evacuation centres.

Special treatment

It was unusual for caregivers to say they received special treatment during or after the Bushfires because they were caring for very young children; only 11% said that they had. This special treatment included being prioritised for emergency accommodation, being placed in a 'family room' in an evacuation centre and being 'fast tracked' for access to services and assistance in a recovery centre. One mother, described a situation where emergency responders noticed her specific need and delayed a convoy leaving a town in response:

'When I went to leave in the guided convoy, a couple of minutes before we left my baby woke up wanting a feed, so the men who were driving with us delayed the whole convoy so that I could feed my baby so he would be happy on the 1 and a half hour trip.'

This special treatment included being prioritised for emergency accommodation, being placed in a 'family room' in an evacuation centre...

Such kindness from emergency responders was greatly appreciated and parents and caregivers expressed gratitude for the emergency responders who had assisted them.

'They did a fantastic job supporting everyone as much as they could.'

'They did a fantastic job looking after everyone.'

'The emergency responders that I came into contact with did a great job and were very helpful.'

Experiences of pregnant women

Thirty-two women (14% of BiBS Study participants) were pregnant at the time of the Bushfires and eighteen of these women provided detail on their pregnancy experiences. They ranged from 4 to 38 weeks pregnant at the time of the bushfires. Being pregnant during the Bushfires was difficult for many women. As shown in Figure 6, amongst other things, they were worried about the impact of smoke on their unborn baby and had breathing difficulties because of the smoke, but were not able to get a mask to protect themselves. Having to queue and stand for long periods of time for food or paperwork was difficult for pregnant women. They also found it hard to evacuate without assistance, had difficulty caring for their children, were excessively tired, didn't have water when they needed it, and did not have an appropriate place to sleep.

Some women provided details that underline why these things were difficult, for example, one woman had pelvic instability meaning she couldn't walk properly and another was unable to drive because of her advanced stage of pregnancy.

Having to queue and stand for long periods of time for food or paperwork was difficult for pregnant women... they also found it hard to evacuate without assistance...

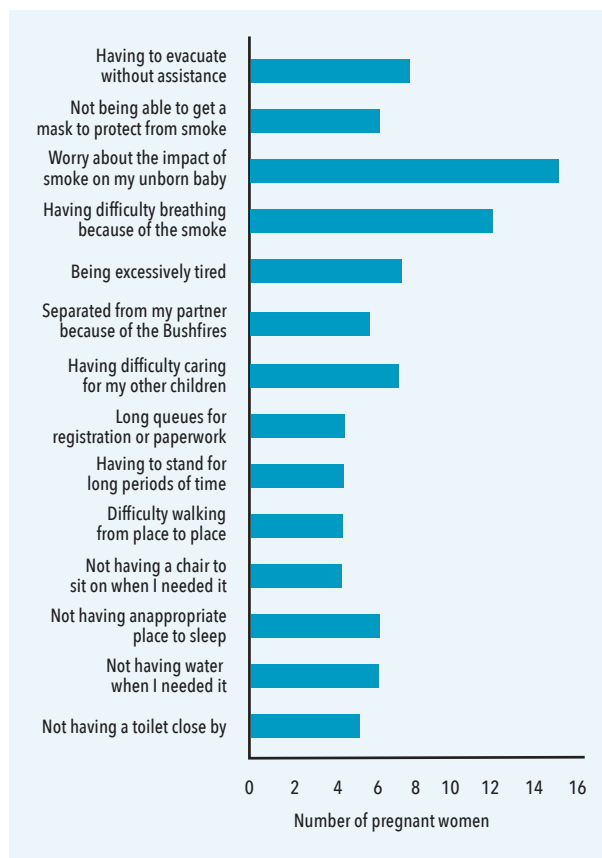


Figure 6. Problems pregnant women faced during the Bushfires

The Black Summer Bushfires impacted pregnant women's access to health care. Six women described not being able to see their usual midwife or doctor for appointments, four were not able to have appropriately scheduled antenatal appointments, two weren't able to see a midwife when they had a medical problem, and two weren't able to give birth where they planned. Some of these women had serious pregnancy complications including hyperemesis gravidarum, complete placenta previa, or bleeding. One woman gave birth prematurely during the Bushfires and another described how she:

'Couldn't access my midwife. I had two children and was 7 months pregnant with third and went into early labour.'

Emotional wellbeing

Caregivers were asked whether they agreed with a number of statements about their emotional wellbeing and circumstances at the time of the Bushfires, up to three months after the Bushfires and three to six months after the Bushfires; 144 caregivers did so. As shown in Figure 7, most caregivers were more stressed than usual at the time of the Bushfires but the number indicating increased stress declined in the months after the fires. The same pattern was the case for the number of caregivers who said that they were feeling anxious, hopeless, or overwhelmed. More caregivers felt that their community was strong than those who said that they felt their community was weak at all time points.

The same pattern was the case for the number of caregivers who said that they were feeling anxious, hopeless, or overwhelmed...

Just over a quarter of caregivers said that they had accessed mental health support sometime after the Bushfires. Of the three quarters who had not accessed mental health support, almost half said that they had not accessed mental health because they did not need it. Of those who didn't access mental health support even though they thought they could benefit from it, 36% had not sought it because they thought that others needed it more than they did, 22% said they had not had time to access mental health support, 13% said that they were too overwhelmed to access support and 13% found it too difficult to access.

What would caregivers do differently?

When asked what they would do differently if they were ever in another emergency, by far the most common responses from caregivers were:

- (1) Pack an evacuation kit and,
- (2) Leave earlier.



Parents' and caregivers' survey *continued*

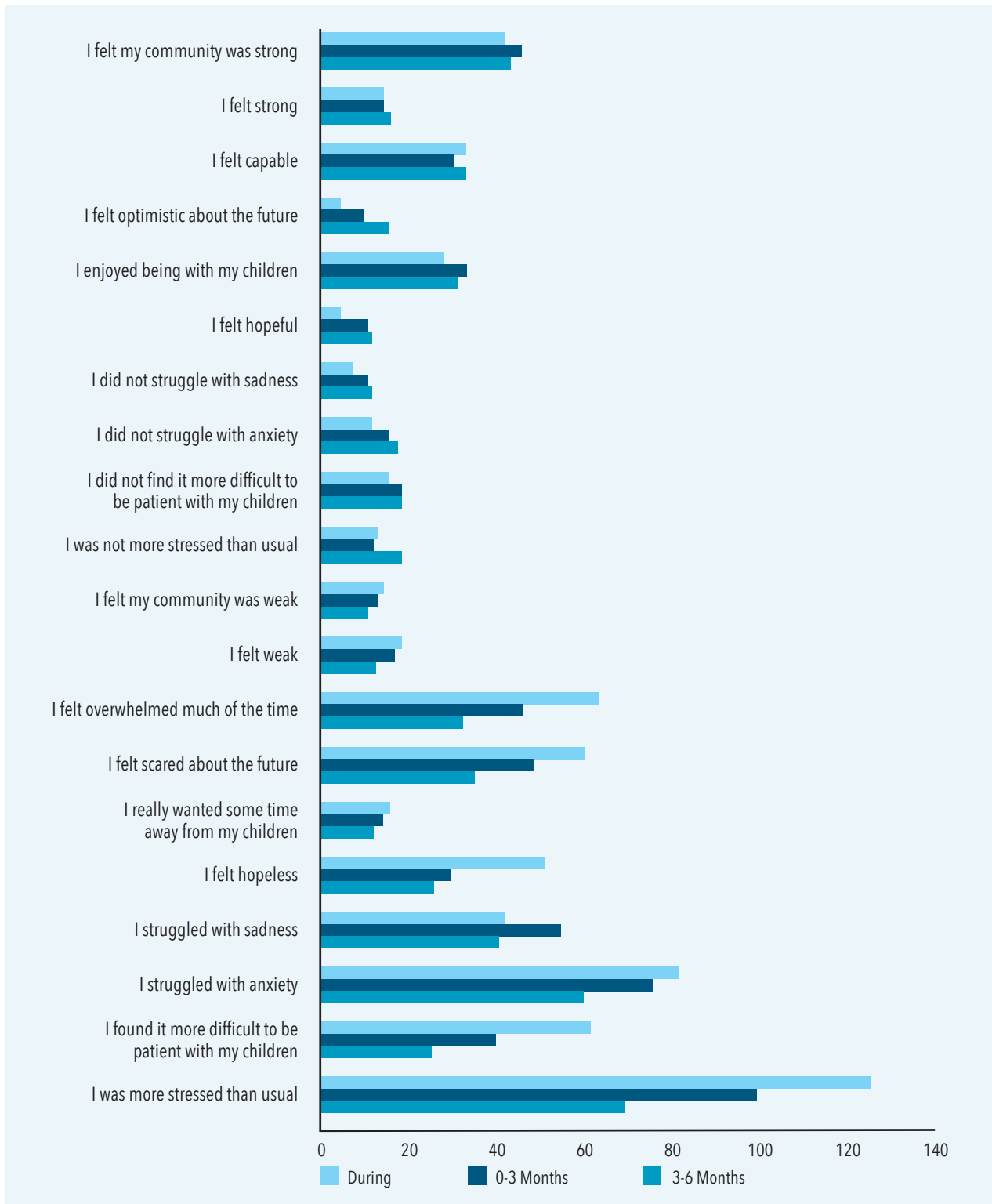


Figure 7. Frequency of caregiver's agreement with statements about their emotional wellbeing and circumstances during and after the Bushfires

Emergency responder survey

Thirty-five people who had been emergency responders during the 2019–20 Bushfires completed a BiBS survey. Six of these people were also parents of children 0–4 years and had also completed a parent survey. The people who responded were mostly women and 40+ years of age as shown in Table 4.

Table 4. Age and sex of emergency responders who completed a BiBS survey

Sex	N=35
Female	33
Male	2
Age	
30–39	6
40–49	8
50–59	8
60+	13

Emergency responders were most commonly healthcare providers (n=13), were involved in evacuation centre support (n=12), or child or youth support (n=9). During the Bushfires, they most commonly had worked for a health service (n=12), Save the Children/54 Reasons (n=7) or the Red Cross (n=4). They also worked for the NSW Ambulance Service, the Rural Fire Service, the Country Women’s Association, local government, volunteer community organisations, or had volunteered independently.

Thirteen of the emergency responders had received training on supporting families with very young children in emergencies (this included all those who worked for Save the Children and three of those who worked for a health service). This training included the set-up of child-friendly spaces, psychological first aid, child safeguarding and the health needs of pregnant women, infants and young children.

More than 70% of emergency responders said that they would like training or more training on supporting very young children in emergencies. They said they’d like training on supporting the relationship between caregivers and children in disasters, behavioural responses of very young children in emergencies, how to support very young children’s mental health, how to support

infant and young child feeding in emergencies, what sort of physical supports are needed by very young children in disasters and referral pathways for families with very young children. Several emergency responders said they would like training on supporting children of all ages in emergencies.

Emergency responders described comprehensive, concrete and clearly very helpful support being provided to very young children and their caregivers during the Bushfires. This included in terms of enabling physical needs to be met and facilitating an environment that was less stressful for parents and their children.

‘[We organised] signs about accessing kitchen facilities; child requisites. Offering toys to families; asking about how each child in their care was going; being alert to not having children overhearing adult conversations; providing child-friendly distractions at times; focusing on turning down the volume on tv reports; creating a ‘slowed down’ calm in relief centres.’

‘Many families arrived at the centre with not enough nappies, formula, clothes, bedding, etc etc. My small crew sorted out donations for various aged infants and children so we could access required resources needed for families. We set up a corner with books and toys for families. We helped with bedding and other supports like food.’

However, they also described situations where children’s needs and those of their caregivers were not being appropriately considered.

‘Evacuation shelters were not well set up for safety or for children’s need to move.’

‘Having to wait in crowded areas with long queues for extended periods. Evacuation centre staff and relief agency staff with no understanding of disability or special needs, no parenting room. Universal, tick-box approaches. No trauma informed responses.’

‘Not having freely available child requisites including nappies, appropriate food... no privacy for breast feeding parents.’

Child safeguarding risks were identified.

'Emergency accommodation was open to anyone so the risks of children running around with strangers near them was high. Toilets were not monitored. Too many risks of children possibly being harmed.'

Emergency responders described a variety of gaps in emergency responses related to poor data collection, lack of supplies, lack of availability of health services for very young children, and lack of specific support for families with very young children including related to emergency preparedness and recovery.

'Data was often not collected about specific ages and needs of young children e.g. the needs of a 6 month old compared to a three year old: cancelling services such as MCH [maternal and child health nursing], kinder and playgroups especially when community centres are converted to relief centres'

'Most families were unprepared to be evacuated for as long as they were.'

'Little appropriate bedding for babies. Lack of privacy for feminine needs. Little provision for children's entertainment requirements (toys, game suitable to be used in the limited space in an Evacuation Centre). Children's Change table facilities in the ablutions areas.'

'Lack of feeding support, lack of understanding in children and infants in trauma.'

'Lack of quiet spaces (e.g., for caregivers to have reprieve). Baby change stations and areas for breastfeeding.'

'There are many gaps, the availability [sic] of suitable initial short term accommodation, availability of clothing, food, baby products, transport or even fuel to enable carers to get to a stable/safe place.'

Emergency responders described changes they thought would enable better support for the mothers and other caregivers of very young children in emergencies. These included: increasing the knowledge of policy makers and emergency responders of the needs of children, informing parents of the most appropriate

evacuation centres for children, prioritising caregivers of very young children for access to resources, and adapting policies for emergencies.

'Local shires/councils, first responders including police, fire and medical understanding the importance of providing a safe, supported and therapeutic space for children and families during natural disasters'

'Training for all stake holders in the care of infants/ children and care givers (culturally, physically, and psychosocially and psychologically)'

'The community needs to be informed where young families with children can shelter / evacuate to before such an event even occurs. Many families did not know where to go other than the show ground evacuation which was not suitable for babies, young children and children with disabilities.'

'Make [caregivers with very young children] a priority to seeing services first.'

'Hospitals need to be better trained as they were discharging patients [women with newborns], who had nowhere else to go but the evacuation centre. Training for duty of care.'

Emergency responders repeatedly said that the emergency response to very young children would be improved if there were appropriately-resourced separate spaces for very young children and their caregivers in evacuation and recovery centres.

'I would say that recovery centres and community support centres need to look at dedicated support cells for caregivers of very young children. These cells need to be manned by appropriately qualified people who understand and are empowered to assist with the needs of these groups.'

'Designated safe spaces for very young children and their caregivers.'

'Safe children's "room" with adequate washing and child friendly toileting facilities. Safe hygienic food preparation areas just for mums and infants.'

Interviews with parents

Interviews were conducted with 22 mothers and one father who had been impacted by the 2019–20 Black Summer Bushfires in Eurobodalla Shire or surrounds with their very young children. At the time of the Bushfires, parents had from one to four children (total of 44 children and average of 1.9 children per family) with the children ranging in age from newborn to 7 years (average 2.3 years). Five of the women interviewed were pregnant at the time of the Bushfires. One foster mother whose children were older than four years was also interviewed.

Caring for a very young child impacted mothers' experiences of the Bushfires

Caring for an infant or very young child profoundly impacted women's experience of the Bushfires. **Their attention was largely focused on their children and the need to keep them safe.** Their child's need for care meant that they evacuated when they would not have otherwise, because they recognised that they could not stay and fight a fire with a very young child and partly because they **wanted to protect their children from physical or emotional harm.**

'I think my big worry was I don't want a fire to start on the grass next to my house and to have me feel responsible for fixing it but also feel responsible for [my baby]. And he being so unsettled, I just didn't want to be stuck where I was going outside to put a fire out in smoke ... while leaving a screaming baby inside because you can't meet their needs at the same time.'

'I just made that final decision. I can't stay here anymore ... It's just too much for me being heavily pregnant and with four kids on my own. So that's why I was like, "No. What's best for them is if I get out of here. Go to my sister's place and then there's four other adults up there that can help." That's why I wanted to get out of here for them. I think if I wasn't pregnant, didn't have kids, I would have been right. I would have just stayed here, but because I had the kids, I was like, "No, I'm going."

However, being the caregiver of very young children (and sometimes also elderly people) meant that preparing to **evacuate was more complex** as well as **more difficult physically and logistically.**

'There's a lot more to get organised with kids than people that don't have children.'

'The three mothers, myself and the other two, we had decided we were not going to go because it just felt like a reasonably safe place. There was no trees anywhere close. There was nothing that could ignite... so we just said we weren't going to go. And it was almost comical because the dads all arrived one after one, and they're like, "Let's go. We have to go." And we just pulled them in and said "No, we're not going," and shut the door. And the next dad arrived like, "We have to go." And we just decided we're not going to move with six children and two elderly people and a dog. And so we waited it out.'

We just decided we're not going to move with six children and two elderly people and a dog. And so we waited it out

Women had to **consider how they could escape with their children** and others they were caring for.

'If the fire approaches and we need to get out, I needed to be able to run with him. So I had him in the baby carrier. It was so hot and we were trying to manage these two grandmas and all the other kids, so it was a really intense situation. And my partner was still at the other house ...'

They **prioritised providing essential care and their children's need for food and sleep** around what they needed to do, all while trying to make the situation as least stressful as possible for their children.

Interviews with parents *continued*

'My son, he normally would've had a nap around that time ... So I was trying to get him settled to try and have a nap. And I just sort of got anxious around that because I'm like, "Oh, if he doesn't get his sleep, he's going to be tired," and we've already got so much going on at the moment. He needs his sleep.'

Travelling long distances in heavy traffic to evacuate was particularly **challenging for those with infants who needed to be fed or have nappy changes**.

'Because we were going so slowly and we didn't want to get out of the queue, there were a couple of times where I unbuckled [my baby] from his car seat and fed him while we were pretty much stopped. It was quite a dilemma for me in that, "But he's got to be in his car seat, and we've got to be safe, of following the road rules," and matching that with, "This is a very emergency situation."

Especially for mothers on their own with multiple very young children **the need to keep a hold of toddlers** in environments like evacuation centres or other places of evacuation where they might want to run away or wander was an issue.

'I had my [baby sling] to put the four-month-old in so that I could then have the two-year-old and hold onto her.'

Queuing was much more difficult for those who had children with them and this could impact women's capacity to obtain support and resources, including food.

'It's two, three hours wait just to get any just one thing from the supermarket ... I can't sit there in line with four girls whinging for food, and whinging for drinks, when I know I can't provide that for them.'

Women's focus on their children meant that they sometimes **neglected their own needs**, including for food and water.

'As a mum, you might be putting your kids first, and you grab nappies and water; all the stuff for the kids, but you don't have stuff for yourself.'



Queuing at Mourya Fruit & Vegetable shop to get supplies during the Black Summer Bushfires

'I was more focused on my children than myself at the time, even though I should have been because I was pregnant, but I was just more so focused on my children ... I always had that in the back of my head, just put them first before me. Then I neglected myself and I'm like, "Why did I do that? Because I'm pregnant. What the hell?"'

I was more focused on my children than myself at the time, even though I should have been because I was pregnant...

'I think was the most difficult thing, of not being able to have any space to process one's own stuff because you have a responsibility. I think being in an emergency without children is very different from doing it with children. The unrelentingness of parenting is exacerbated in an emergency, constantly having to self-regulate for the children's sake and not being able to have any space to do your own

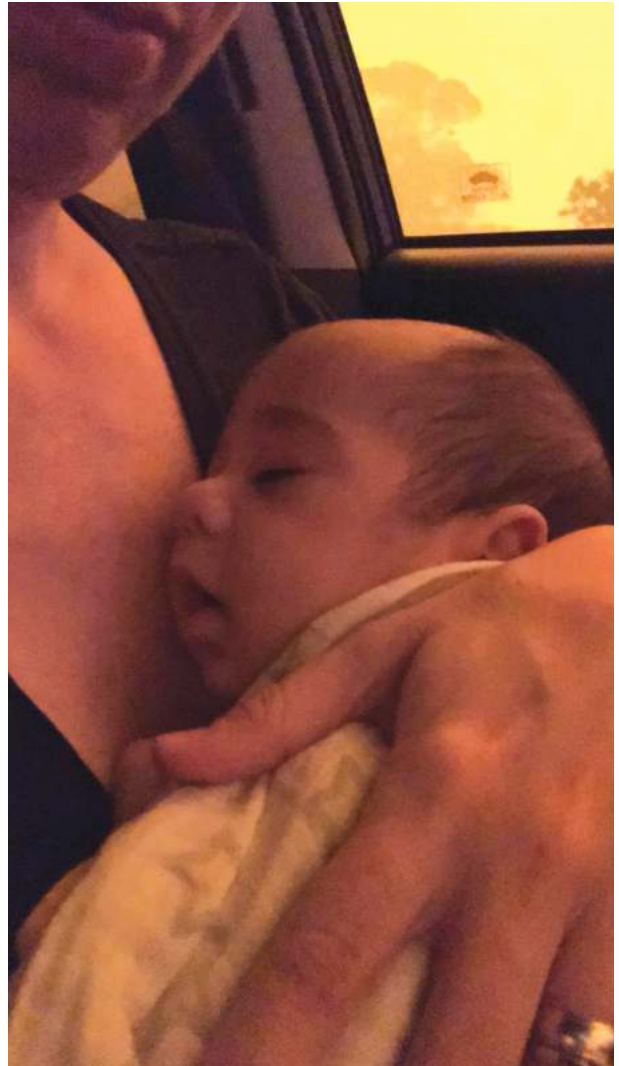
thing ... I found it difficult to recognise my own needs because I was always going to put my children's needs first.'

Women who were pregnant at the time of the Bushfires **had their health jeopardised**. Two of the five pregnant women who were interviewed fainted while queuing. One had been queuing at the supermarket to get infant formula for her baby, the other was queuing at a relief centre. One of the women said that she had not been eating or drinking properly because she was so focused on caring for her children:

'They told us to go to the Club to get food supplies and stuff if we needed. I can't remember how or why, but it was just extremely hot that day. I got really overheated. I literally, I fainted...I was so worried about my kids. I've given them water, supplying them with food and everything that I would just forget, just the simple things to eat myself, to drink, and whatever. The ambulance people asked me, "Have you had anything to drink today?" I literally, I couldn't even answer the question. I was like, "I don't even remember if I have or not."

I was so worried about my kids. I've given them water, supplying them with food and everything that I would just forget, just the simple things to eat myself...

Pregnant women **found it more difficult than others to breathe** because of their reduced lung capacity, some were very **worried about the impact of the smoke and stress** on their unborn baby, they spoke of women they knew whose pregnancy complications they attributed to the smoke and **continued to worry throughout their pregnancy and after their baby's birth**.



Mother holding her newborn baby in her car during the Black Summer Bushfires

'Yeah, because I was heavily pregnant. I was trying to keep my body not stressed. I'm like, "How the hell am I supposed to do that while I'm heavily pregnant watching four kids?" That much smoke in the air, couldn't breathe.'

'The only person who hasn't given birth early to a sick baby was someone who was out of the area for the entire duration of fires. Everybody else went early with sick babies and it was one of those sick feelings where you just couldn't go back in a time machine and change what you did and you couldn't escape it.'

One mother described how the Bushfires **disconnected her from her unborn baby:**

'I felt I neglected the pregnancy. That was a big thing for me mental wise ... There were a few times when I thought I'd lost bubba. Not because I was bleeding or anything, but I just didn't feel like it was alive or real. I don't know. It's just ... It must have been a trauma thing. I don't know. But, "Oh yeah, I'm pregnant, oh shit." I didn't drink alcohol or anything, but I just kept forgetting because I just had too much on my mind, I guess.'

Packing for evacuation with infants and toddlers was challenging

Some of those interviewed described **not having an evacuation plan or kit** prior to the bushfires and finding it difficult to pack when evacuation was imminent.

'And I frantically packed. I didn't think we were going to be under threat, so I wasn't ready. I hadn't packed anything; I hadn't done anything. I thought we're in the suburbs ... surely nothing's going to hit us.'

And once I sort of started really packing, it became like, because they say only take essentials... Is it going to be enough for 24 hours?...

'Oh my God, that was actually really hard...it was difficult in the sense that I was looking for food in my house that I could take with me... Then I was like, oh, I'm going to need water for the formula for my baby ... And once I sort of started really packing, it became like, because they say only take essentials, it became, well how much do you pack with an essential? Is it going to be enough for 24 hours?'

Some parents and caregivers **didn't understand the urgency** of evacuation, know where they should go, or realise how long they would be evacuated for.

'A police car came down the street and stopped and yelled out something to people down the road. And I saw them and I was standing on the front deck with a seven-month-old and I looked at them ... and they saw me and then they stopped and reversed and they just yelled, "Get out of here, what are you doing here? Leave." And then it was sort of like, I needed that adult to tell me what to do. I just went, "Right, we're leaving. Everybody out."'

'I definitely didn't anticipate we'd be gone for the whole day, let alone a week.'

Some women found themselves in a situation where they had evacuated but **did not have the supplies** needed to care for themselves and their children. This was extremely stressful for them.

'We had no water ... That was one thing that was left ... I didn't grab any. I had a water bottle for my children, but that was pretty much a quarter left, so I didn't have any water.'

'Oh my God, I didn't know where nappies are ... But it was still that thought of like, "Wait, I have nothing, I literally have some clothes for us and some toys.'

When asked about what they **wished that had packed for evacuation** but didn't, they commonly said more food, more water and toys to keep their children occupied in contained evacuation circumstances.

'I guess for the kids, number one, having more food and water packed ... I'd also wished I'd had more things to entertain the kids with because it was a hard day, they were little, my son was three and a half, so he understood there was this thing going on, but he also didn't understand the real danger of it. And for him it was just such a long day ... he didn't get why we couldn't just go outside.'

While some women were not prepared, others found that **packing for evacuation helped them to cope with the stress** of being threatened by bushfire.

'And so we had the car packed, I had the car packed every day ... I had nappy bags, nappies for days, wipes. That was one thing that separated me from the anxiety. And what's going to happen to reality is, "My kids immediately need food. My kids immediately need a nappy change." So that kept me a little bit sane, prepping my car.'

However, in some cases, women's desire to prepare or to evacuate was **undermined by their partners** or other family members who did not see the need to act.

'The perception was that I was overreacting.. [from] my partner, my family ... So I felt a little bit like, "oh, you crazy prepper.'



Preparing to evacuate with an infant during the Black Summer Bushfires

Extended family support was extremely helpful to many families with very young children

Extended family often **provided a place to evacuate to** meaning that parents could avoid evacuation centres. They also **shared resources** like food and gas, and **helped to keep children happy and occupied**, giving parents a break and allowing them to undertake necessary tasks.

'We were lucky we had a house in town that was my cousin's holiday house, so she offered us to stay there ... That made it a lot easier because I got the kids and we went in there.'

'What was really helpful ... when we needed to organise food or try to work out if there was a supermarket open, there were other adults and other grown-up children that could care for him. So it was actually possible for my partner and I to do something else for a short period of time ... so not just being our nuclear family, was hugely important.'

Very often, **families grouping together** meant that children not only didn't **find evacuation stressful**, they enjoyed it.

'So there was five families under my mum's roof, some were my husband's family ... there was about four children under four at the time. So obviously, they're all playing with each other and occupying each other most of the time.'



Children evacuated onto a beach during Black Summer Bushfires

Interviews with parents *continued*

Women preferred evacuating to a family or friend's home because they realised that it would be **difficult to care for their children in an evacuation centre.**

'But that was one of the things that was also pointed out to me by my friends was, what are you going to do in evacuation centre in a big room full of people you don't know? And you're pregnant ... You've got a one-year-old and you've got a three-year-old.'

'I didn't want to go into an evacuation centre because it wasn't segregated or anything, so everyone would be thrown into the one area.'

Evacuation centres were often not good places for families with very young children

Those who could not evacuate to family or friends commonly found themselves in a difficult situation. Evacuation centres, especially those that were a single large building, were often not great for families with very young children. Evacuation centres often **could not separate those with very young children from the general population** and parents were concerned about animals possibly harming their children and concerned about exposure to very distressed people.



Family in an evacuation centre during Black Summer Bushfires

'There was literally a thousand people crammed inside this one building ... It was also a frantic environment I'd say. There were people crying and it was people panicking ... I didn't feel like it was a good environment for my kids to be in, especially because my three-and-a-half-year-old wasn't quite aware of the danger we were in, which is how I wanted it to be for him. I didn't want him to be stressing out.'

That many women had evacuated on their own with children made them particularly concerned about how they could care for and protect their children by themselves, particularly overnight.

'It worried me that we were all just sleeping and I could have been sleeping next to anyone. And that worried me for my kids ... This one girl, I think the mother was very relieved, she stayed with me and my dog and my daughter and she felt safe there because ... you're next to anyone. You don't know who's in the room with you.'

'There was nowhere really suitable for my bub to sleep while we were at the evacuation centre - I had to put him on the floor on blankets and sit with him to protect him from anyone walking/stepping on him.'

Those with children who could run away were concerned about keeping track of their children and their safety around strangers.

'It's all these strangers and trying to watch your kids because the older ones ... running off and playing with other kids and worrying, so you'd be worrying about the older kids not being supervised and the strangers everywhere.'

Running off and playing with other kids and worrying, so you'd be worrying about the older kids not being supervised...

Lack of privacy for breastfeeding was an issue. One mother described seeing another woman with a brand-new baby, expressing milk in public in one of the large evacuation centres.

'I remember about being in the evacuation centre and ... there was a girl sitting on the ground who had a baby that probably would've only been ... four to six weeks old ... she was sitting expressing on the floor of the evacuation centre and I just felt so sorry for her ... there was no privacy ... She was just sitting in the middle of the floor with all this chaos going around her and this new baby.'

Outside places of evacuation had some of the same issues as evacuation centres around safety for those women who were on their own.

'I fell asleep on one of the benches one time and I had my hand on the pram ... and fell asleep on a bench by the beach because I was so tired. Someone came and checked on me. It was a bit confronting. I was like, "Whoa," brought the reality of you are by yourself. You literally have to have your hand on your pram so you can sleep. So, that was pretty confronting.'

Those who had been in an evacuation centre that had a child friendly space or a **space in which families with young children could stay together** had a much better experience.



Breakfast time at an ad hoc evacuation centre at a Eurobodalla childcare centre during the Black Summer Bushfires

One of the venues that provided this separate space was a bowling club:

'The kids were in heaven they had a great time because ... there's even a room with all the kids' stuff in it. So they just spent the whole day running around the pokies and then running into and playing with all the toys and arts and craft in the room. And I felt really ... we were all ... yeah, I felt really welcome there.'



Children playing at a Eurobodalla childcare centre used as evacuation centre during Black Summer Bushfires

Breastfeeding provided food security for infants during and after the Bushfires

Women who were breastfeeding described being **grateful at being able to breastfeed** their babies despite whatever else was going on.

'Literally, I had my boobs and that's all I needed.'

'Luckily I didn't have to worry about food for [my baby] 'cause he was fully breastfed, we had snacks, we had water.'

'As long as he had me and he had nappies, he was fine.'

Complementary foods for babies and young toddlers were not necessarily available in evacuation centres but **women who were breastfeeding were able to return to exclusive breastfeeding.**

'I just gave up on solids because it was too hard, and he just drank lots and lots of milk.'

Women noticed that their **babies were more unsettled and wanted to breastfeed more frequently** during the Bushfires. Some women believed that their milk supply had been reduced. This may have been a perception due to their babies wanting to feed more frequently but may also have been because they were dehydrated as some women were not eating or drinking because they were so focused on caring for their children.

Some women believed that their milk supply had been reduced. This may have been a perception due to their babies wanting to feed more frequently...

'And so day and night, he would just be feeding. He was definitely more unsettled. He'd been sleeping much better, but he's always been the sort of kid that's very empathetic and can pick up on how other people are feeling. So, with me being so scatter brained and all over the place, he was definitely way more unsettled.'

'I definitely lost a little bit of supply given that I'd had that very stressful couple of hours. I hadn't looked after myself, that New Year's Eve, I didn't really eat or drink at all just because of the chaos of the day.'

One breastfeeding mother described losing a significant amount of weight over the Bushfires:

'I think I was eating less for me than I should have, and I ended up losing quite a lot of weight over that period of time ... I was 55 kilos by the time we'd gotten out the other end of that ... Between 60 and 65 would be where I kind of sit normally ... I hadn't been 55 kilos since I was in high school.'

Parents of formula fed infants faced challenges in feeding their babies

They needed to ensure that they **evacuated with all the supplies necessary to feed their babies** without access to mains water or power.

'Stuck on the road and bottle feeding- It was being trapped in a car for hours. We didn't know how we were going to do bottles and things like that ... we had to talk about carrying our own hot water and things like that.'

Evacuation centres did not necessarily have the required resources and one mother described how a call was put out for sterilising equipment to be brought to the evacuation centre:

'One of the midwives here was assisting with the evacuation centre ... and she put out a post looking for sterilisation equipment.'

During and after the Bushfires, **obtaining infant formula could be difficult** and mothers were clearly distressed by not being able to obtain infant formula or not being able to obtain the infant formula that their baby usually drank.

'Formula shortages; even the groceries were difficult to find at that time ... and we weren't able to get trucks come in with stock and all that kind of thing, formula, toilet paper, milk, bread, anything, all the staple things that you would normally expect to be able to have, you no longer have access to that.'

'Imagine a screaming child. My son... was screaming. I normally, I get really anxious when that happens ... I just held him trying to feed him this bottle and he wouldn't accept the milk. He wouldn't, he didn't like the milk.'

Evacuation centre staff who assisted caregivers with formula feeding, were appreciated.

'With the evacuation centre, we weren't that far from the kitchen area. So if I needed a bit of hot water I could go and ask them. They were very helpful.'

Some resources were enormously helpful to some parents

The resources that made the most difference included food supplies, a gas stove, a generator and a caravan. Access to these resources cushioned them against the disaster.

'We had those little gas cookers basically. So we were just getting pots and putting them on the stove and then we would just be boiling hot water pour into the sink where the [baby bottles] would just be left to sit there for a few minutes and then rinsed out with cold water'

'My husband had a tiny little generator that we could run on our freezer so we didn't lose all our freezer supplies ... And yeah, I am a little bit of a hoarder in the sense of we live away from a big town, so I've always got plenty of food in the fridge and a gas cooktop that I could cook.'

I walked on the beach with my four-month-old in the carrier and my two-year-old in my hand. And people just swarmed to look after me.

Mothers received wonderful support from friends, neighbours and strangers

This support helped them greatly in caring for their children during and after the Bushfires. It included friends and neighbours **offering places to stay**.

'I'm like, "I'm going to get my kids," and she's like, "Can you get mine?" So I picked up [the children] from daycare and brought them here, and then they came and stayed here. Friends of ours ... they came and stayed. So our place was a bit of a hub for people ... we had the room.'

'Another neighbour said, "Guys, guys, we've got somewhere here. Come here, come here. So we're together." And so we said, "Okay, okay."'

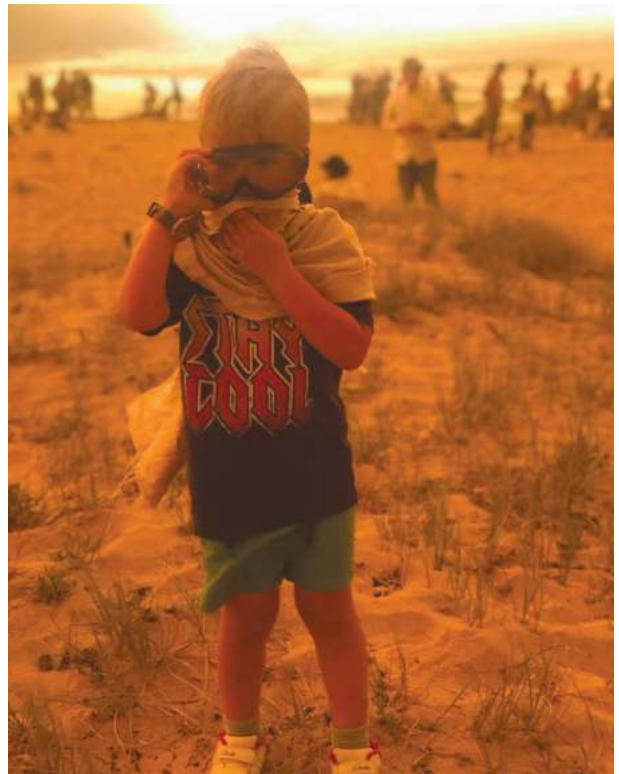
Total strangers **provided accommodation** including to people in transit who were not even from their town.

'I walked into a shop in Bermi and she's like, "Are you by yourself?" And I said, "Yes." And she's like, "Do you need somewhere to stay?" And I just burst into tears ... because she's like, "Oh, I live just walking distance here, here's my key.'"

'And it was probably 11.30pm or something. We just walked up to these strangers and they just gave us two of their bedrooms and put us up for the night. So we slept there. It was so kind. They were such good people.'

Other people helped women **who were on their own** with their children.

'I walked on the beach with my four-month-old in the carrier and my two-year-old in my hand. And people just swarmed to look after me.'



Child at Malua Bay Beach during Black Summer Bushfires (photo courtesy of Amanda Healy)

Interviews with parents *continued*

They **provided emotional support** to one another.

'As soon as I got out of my car, there was a pregnant mum, she was younger than me and she just looked at me and she hugged me and she's like, "Oh, I had to leave my husband," and she was crying ... And that was the first person that I saw, just a random stranger. So, she saw me alone and came and gave me a big hug.'

And that was the first person that I'd saw, just a random stranger. So, she saw me alone and came and gave me a big hug...

Community members **made sure that mothers had what they needed.**

'I think just the support of other families in the community that just sort of stepped in and just made you feel like you had the support really. That we're not just on your own. So dropping things around, like I said, toys and things for the kids to entertain them and moral support. Just going with you to gather things. And when I was sick and things like that, giving you that bit of support, inviting us around for dinner and things like that. Just sort of keeping in touch and checking up on us.'

Mothers tried to protect their very young children from trauma

Mothers described **keeping calm and keeping their fear hidden** so that their children were not distressed by their distress.

'Having the kids all there, we really focused on not panicking, and being really calm.'

'I'm staying calm for my children, but inside, going ... we're all going to die.'

Those who had partners or others with them, separated themselves from their children when they could not contain their distress.

'If one of us was just going to lose our shit. If we'd go see the other one and just go, "I just need five" ... I could just step away. Just do whatever I needed to do and come back.'

Some caregivers turned the emergency circumstances **into a game** as a way of protecting children.

'By the end of the day, the kids thought it was so funny because we had all those push lights ... so they were going around and clicking all the lights everywhere ... having a blast ... we turned it into a game.'



Power outage at a Eurobodalla childcare centre used as evacuation centre during the Black Summer Bushfires

The success in protecting children from the acute experience of the bushfires is evident in how some children now **speak about their experiences.**

'He talks about the day and he's like, "Remember the sky was really red, remember we had to stay in [Grandma's] caravan." And he talks about that but he doesn't remember it as a scary day. He sees it more as this big adventure that we all had. We were lucky that he was just that little bit younger that he didn't actually realise how stressful the situation was.'

'And even still, we drive down [a road] now and they go, "Oh remember we had a holiday there? ... And that's why I said, as long as you just can refer to it as holidays every time, I think I'm doing okay, we did okay in sheltering you guys.'



Child playing in burnt out tree after Black Summer Bushfires

Unfortunately, this was not the case for all children and **some still show signs of distress.**

'I feel like, especially the younger kids, the ones that maybe were really heavily exposed, or their parents were quite frantic, they don't articulate it because it's about the fire, but it has changed the way that they behave... Some of the people that I know, their kids are a lot clingier. When they smell smoke in the air, they get worried. They get a worried tummy, or they get particularly needy. So little kids like this can't articulate it, but it does come out in their behaviour.'

Some of the people that I know, their kids are a lot clingier. When they smell smoke in the air, they get worried...



Some families faced particular challenges

These challenges included where children had a **disability.**

'My boys were very young at the time, and they really didn't understand why they're being locked in the house because they have ASD and they've got proprioception issues around their sensory stuff. They were throwing themselves into walls and things like that while we were locked in the house.'

Or because the family was a foster family. The foster family interviewed had lost their home and yet was **not supported by their foster care agency.**

'I just felt that the children, being in foster care, and they probably should have done a little bit more and they also should have sourced some kind of support. But none of that was offered at the time. So we muddled through.'

It also included **where parents and children were separated**, which occurred because parents were divorced or because parents were health or emergency services personnel who, as essential service providers, worked through the disaster and were cut off from home by bushfire.

'And I remember that was the sheer terror because I was separated from my kids.'

'Couple of the nurses I worked with, they were on the night shift that night and they could not get home. Children were stranded.'

Interviews with parents *continued*

Two health workers had very different experiences with their **workplace understanding their situation as mothers**. One woman, who had a high-risk pregnancy, was not supported by her state health workplace when she needed to evacuate:

'I was actually reprimanded on that. I was sent a letter saying that ... they were going to be watching my sick leave ... I ended up missing about four or five shifts at that period... I did get a letter from my obstetrician to say that I needed to be out of the smoke, and I wrote an email back. I mentioned the Big B-word, said that I've been bullied.'

Another health worker was much better supported. She had lost all her expressed breastmilk because of power outages and was provided with additional time at work to express milk or to go to her child's day care to breastfeed:

'My boss is 100% supportive of me having breaks to express and or whatnot ... so she'd actually say, "You need to stop and you need to go and quickly express." And yeah, so she was very good as well because she knew the trouble that I was in.'



Volunteer Fire Fighter with her breastmilk expression kit

Parents' challenges in caring for their children continued through the recovery period

Obtaining support could require people to **repeatedly share distressing experiences** and this included in the presence of their children.

'I cried every time. "What happened to you? Where do you live?" "What did you lose?" That was a big thing. "What did you lose?" And the trauma, it would've been so fresh for me. So every time I told my bloody story, I'd just go into freaking ... I just cried. And the kids were always with me. Always with me ... the two little ones.'

The demands of recovery made it **more difficult for parents to be patient** with their children.

'We both got a lot more reactive with the kids, and it took a lot less to get either of us yelling. [We] had been really, really calm parents before then ... we just didn't have the headspace.'

Where there had been property damage or loss, **rebuilding was recognised as taking time from children**.

'After the fires, it was just trying to replace everything and get back on top. Both of us had to go back to work, just there wasn't any other option. And like we've sacrificed time with our kids ... I was like, "I need to work every minute I can because we need to put every cent we have into getting this house done.'"



Children's home playground the day after evacuating during Black Summer Bushfires

Some mothers described **not deserving psychological assistance** because others were suffering more than them.

'I'll sit in an appointment with a family where the whole family has lost every house. And you think, "Okay, yeah, I didn't need it." But you did, you did need it just as much as what they all did. And you do need the support. And I think it strongly contributed to how mentally unwell I was in that year after having my son. I think it massively affected me.'

Others simply **found it too difficult to access support** available to them because of busyness including related to caring for their children.

'I remember as time went on there were lots of different community days and offerings, "Do you need to talk?"... I went to the planning stages of doing a community day, but that was about it. Not that I wasn't interested or anything, but you just get busy with your family and it's just, try to make the time to go and do that sort of thing, it gets pushed down the list of priorities ... we were just too busy managing life with the two kids and trying to move life forwards.'

A **workplace facilitated discussion** was a way for one mother to have the opportunity to share her story with others:

'Our workplace did have a meeting with a counsellor that came and we had a group discussion about it, which was good. It was more just for everyone to tell their story and situation. It was quite an emotional meeting, but that was good.'

Another woman shared how someone she knew had arranged with a friend to **get their husbands together** to talk:

'She purposefully organised play dates so that their husbands could get together to talk about [what happened] both helped each other fight the fires off their farms. And she said they really did it under the guise of, yeah, we're going to have play date with the kids, but, really, it was for them because they're both really traumatised ... because neither would go and seek support ever.'



Psychological support for children during the recovery period is valued

Mothers whose children showed persistent distress as a result of the Bushfires or the aftermath **valued support from professionals**. For one woman, this included a school-based program for a child who had been a young toddler at the time of the bushfires:

'This year, my son got approved ... to have the lady that came to the school and she was amazing ... he went from that kid to having to know where I was at all times. And he would just start yelling, if he stopped what he was doing and couldn't hear or see me ... And I don't know what she did, where she was able to just get through to him that he doesn't need to worry about these things, like, "That's

Interviews with parents *continued*

mummy and daddy's job and they'll always look after you."

For another, it was a school-based program that helped her to build her confidence in parenting:

'And then we had an hour with the counsellors and they were amazing. I think I got so much joy out of it than what my daughter did. Just giving a bit more faith back in myself and that what I'm doing is okay, it's more than okay. Yeah. So it was awesome. It's made a lot of difference.'

Recommendations to better support families with very young children in emergencies

Mothers said that they wished that they had better prepared for evacuation and said there should be more information available on being in an emergency with children including **what to pack in an evacuation kit** if you had an infant or toddler.

'I really feel like there needs to be more resources ... If you have small children, here's a checklist of things you need. If we're in bushfire season, have some bottled water, or have access to water that's not town water, because all those people with formula-fed babies, and having no access to water, that's a huge issue, running out of formula.'



Mother with baby fire fighter at display of evacuation kits for babies at the Eurobodalla Show.

It was also expressed that **making connections with others** in the community should be encouraged as a way of building resilience.

'Social connectivity, that's really important I think in terms of having those relationships set up in non-emergency times. Like who are the people that your children feel comfortable with, that you know are safe people, that live geographically close to you? So that when there is something that you absolutely need to do ... who have you got around you? Because it's very difficult to do that if you're an isolated family without connections in the community.'

There's definitely room for things like, "This is designated mothers or family area for young children."

Improvements in evacuation centres for families with very young children were frequently suggested including in choice of venue for evacuation centres with information on which centres **might be best for children**, communicated to parents.

'Maybe pre-planning into the different evacuation centres in your area to see what one is more child appropriate. So the club would've been so much better for our kids because there was a lot more room to move, seating, all that sort of stuff ... but we didn't even know that that was an evacuation centre.'

Many of the women we interviewed said that evacuation centres needed to have a **separate space for families with very young children**.

'There's definitely room for things like, "This is designated mothers or family area for young children."

'Not just lumping everyone in together ... Putting the families with kids ... separate.'



Mother who has evacuated onto a beach during the Black Summer Bushfires

Some mothers gave more detail on what sort of support could be provided in these separate spaces including: **somewhere private for breastfeeding and equipment and supplies** for very young children (including for sleeping, eating, cleaning, and playing). They also said that it would be beneficial to **have volunteers providing proactive support** to the mothers and other caregivers of very young children.

'We need dedicated spaces, safe spaces, that are tailored for families, that might have a couple of cots, porta cots, that might have just some donated toys.'

'So, having an area where the families could come together and the kids could play, and you have children-specific food.'

'Creating private spaces where women can sit and feed their children.'

'Have a designated team of people that might be able to volunteer at that time, specifically for families.'

'A designated area ... would've been amazing, where you can have, "Yep. Do you want some nappies? Here are the nappies. Here's the formula." You've got the care, with some people who can't breastfeed properly, you've got some experts in there.'

Mothers expressed that they felt that **proactive psychosocial support for the mothers** of very young children would be beneficial and might help overcome any reticence to seek help because others were more deserving.

'I didn't know how much the fires affected me after until later. Having people flag it with you to maybe pick it up sooner. Just in that, looking after you, as a mum ... I'm sure there are mums that probably needed just as much support as I did ... And having people ask the questions before you have to go and look for the help would've been good ... I found that because I didn't feel like I lost my house, I didn't evacuate for weeks on end. I was like, "Well, that doesn't apply to me. I'm not one of those mums." I evacuated for two hours, and I went back home. And I had a lot of things that I needed to keep the kids sustained, but just ... I was like, "Oh no, it's not me, it's not me. There are people that need it more than me."'

Women also expressed that **facilitating get-togethers** so that stories and experiences could be shared or so they could **just be with other mothers** would be helpful.

'It would've been nice to have somewhere that we could go in on the day so you could go and collect supplies. But just somewhere you could go sit when those days were long and ... I didn't have my husband there; he was at work. I could have say gone and sat at the Surf Club with other mums with something, a distraction. To sit in something other than the four walls of your house. Yeah. That, but obviously that's not a safety thing, more of a mental health thing. Just something to distract you from, yeah, what you dealt with.'

And more assistance on how to help very young children who had been impacted by their parents' traumatic response to the Bushfires.

'One thing I thought about was, especially with the younger children, is as a mother, how to lessen the trauma? While it's happening, how? ... Me not crying in front of them. But I did that many times. How do I shift them from a traumatic experience? Maybe it would be useful to know those lines or some type of list of don't do this or try to talk about something.'

Interviews with emergency responders

Interviews were conducted with 39 emergency responders. These emergency responders had provided support to families with very young children in a wide variety of roles as shown below in Table 5.

Table 5. Roles of emergency responders who were interviewed

Description of role	No. of people
Evacuation centre worker (NGO and community volunteer)	4
Doctor in an evacuation centre (community volunteer)	3
Family support recovery worker (child NGO)	3
Family support workers in community (NGO)	3
Early childhood educator	3
Midwife (state government)	2
Emergency researcher (health response, child response)	2
Child services worker (local government)	2
Child friendly space worker (child NGO)	2
Social worker (state government)	1
Welfare manager (state government)	1
Volunteers' manager (NGO)	1
Nurse in an evacuation centre (community volunteer)	1
Donations manager (community volunteer)	1
Recovery case worker (local government)	1
Independent volunteer manager	1
Health manager (state government)	1
Foster care manager (NGO)	1
Family and child health nurse (local government)	1
Hospital-based nurse (state government)	1
Evacuation centre manager (local government)	1
Domestic violence worker (NGO)	1
Disability support specialist (independent)	1
Catering manager (NGO)	1

Three of these emergency responders were also caregivers of children 0 to 4 years during the Bushfires. Some of these emergency responders had a particular interest in women and children in emergencies, others did not have this special interest. They shared their experiences of the 2019 to 2020 Bushfires and other emergencies that had occurred in Australia.

Emergency planning for very young children is lacking and has not been a priority

Some of the emergency responders who were interviewed were **very aware of the lack of planning** for very young children in emergencies in Australia.

'When I went to work in emergency management, I quickly realised that we don't plan for children very well at all at any stage of life ... I think we lump children in with the vulnerable cohort and it is poorly understood that children have special and unique needs, and we should be planning for that. Because if we don't plan for it, we're not looking after children in the best way. And that's right across the spectrum.'

For others, the BiBS Study and the Community Protection for Infants and Young Children in Bushfire Emergencies Project had **brought to their attention for the first time** that there was a gap.

'I can't really recall mums and bubs being a feature of any of the recommendations [of the Bushfire Royal Commission] ... when you first approached about helping you out, I started thinking, I thought it's never really hit the radar before.'

'When this project was launched, talking to some of the emergency services people, it's like they've never thought about the issue. And it is rather telling, because they've never thought about women and children and babies.'

And it is rather telling, because they've never thought about women and children and babies...

As one interviewee described, this lack of planning means that how families with young children experience an emergency is very **dependent on the personal knowledge** of those present:

'So, while we care and give everybody as much support as we can, there are a lot of gaps in looking after young families. And it's not that they don't get care and attention from Red Cross or from Centrelink or Services Australia or Council of the Churches that might be there or the Salvation Army. They do get that care, but there's no guidelines ... So, it's very ad hoc because it all depends on who's there.'

School-aged children are better catered for in emergency planning and response

Emergency responders reported that in their experience, there is **more planning and targeted response for school-aged children** than infants and toddlers.

'We had a big table and we'd put [information on it], and it would tell us how to care for our animals ... and ... about how to talk to our school-aged children about what had happened ... there was nothing about vulnerable infants and toddlers and children under five.'

One emergency responder speculated that babies and very young children are overlooked because they are **not in institutions** where government has some responsibility:

'Once they get to school, the government really has to supply services as in schools and all those kinds of things.'

Some emergency responders who were specialists in supporting school-aged children, were keenly aware of the gap for the youngest children in the acute emergency response and recovery and the **need for them to receive better support**.

'So I guess working with the parents, we were hoping to be then supporting those children that were under two, but we didn't work directly with children who weren't preschool age. But we were very aware that they're such an ignored group and ... really, really vulnerable.'

It is assumed that parents will look after their children and know what to do

A number of the emergency responders interviewed were aware of the need to support caregivers of children in emergencies, but they said that many of **their colleagues assumed** that parents would look after their children without assistance.

'One of the questions I sent back was, so who looks after children under three or four? Who gives the parents support? And when the question was asked ... the three people that were facilitating it just looked at each other and said, "Oh, the parents will know what to do.''

'It's the whole concept of, "Oh, but mum will know what to do." Mum doesn't even know how to look after herself in this emergency situation at the moment. Yes, her most protective thing will be to protect her baby or her toddler or her children, but she doesn't know what she's doing. She doesn't know where they're going to go and live. She doesn't know where their next meal's going to come from. She's the one who has no longer got clothes for her kids and may not even have nappies.'

Emergency responders also recognised that some parents may **get caught up in the emergency** and not be able to care for their children in the way their children need.

'So there's this view that the parents will look after the children. But what often happens is we have an event that is very traumatic and stressful, and the parents will be caught up in the adrenaline reaction to what's happening. And they don't necessarily put the children first as they would in their normal life because there are so many things.'

This is generalising massively, but basically, the town was left with women, children, and older relatives...

As was described by the mothers in this study, emergency responders were very aware that **women are often on their own** with the care of the young and the elderly during an emergency.

'So the women were literally holding the baby. Literally holding the baby or babies, or babies and young children or older children. So the men were off in the trucks, in their ute They were all out doing their blokey thing. This is generalising massively, but basically, the town was left with women, children, and older relatives.'



Needs of infants and young children and their caregivers are invisible to many emergency responders

Because of lack of knowledge, the needs of very young children and their caregivers was **not visible** to the broader population of emergency responders.

'I was ... doing evac training again and you're having these conversations with the participants in the training group and they're like, "Oh, I never thought of that." And you're like, "Think about your daily life and your daily needs and the needs of families and the needs of breastfeeding parents or parents in general. What are the things that they would normally need for themselves to get by safely on a day-to-day basis?" And then translate that across when you're actually in an evac centre.'

But people just don't seem to join the dots unless you're doing it for them.'

'If they don't see it, then probably nobody really sees it unless you are on the receiving end. You are the mum or the bub, or the family or somebody that does actually understand that and happens to spot it.'

Parents are often unprepared or underprepared for evacuation

Emergency responders described parents turning up at evacuation centres **without any supplies**, including feeding supplies, for their babies or young children.

'A lot of people arrived with nothing ... So if it was a young mum who needed all of those things, whether it's nappies or whatever, invariably they didn't have more than a couple of hours or a day's supply. I think in some cases it would be fair to say that they just rocked up to the evacuation centre with nothing, not even anything for their child to sleep ... Some [formula feeding] mothers turned up without a bottle even.'

It was recognised that those who ended up in evacuation centres were often the **most vulnerable and least resourced families**.

'It is a socioeconomically challenging place as well ... In the ... stadium were the people in town who had no resources at all. So quite a lot of elderly people, people with disabilities, young parents and what have you. Because the people out on the oval with the camper trailer were resourced up and had their little setup, where the ones we dealt with in that concentrated form were people who had literally no resources and a lot of vulnerabilities.'

In the stadium were the people in town who had no resources at all... So quite a lot of young parents...

Emergency responders described problems in evacuation centres for very young children

Evacuation centres were recognised as often **not a good place for very young children** or their caregivers and especially for mothers on their own.

'It's certainly not ideal for, I would say heavily pregnant women or even women who have just had a baby especially if they're not supported with a partner or no one else is there with them. That's going to be quite high risk.'

When children and families are vulnerable, they can be preyed on by people that do not have good intentions for the children...

Emergency responders described a variety of risks to children in evacuation centres, with many emphasising **child safeguarding concerns**.

'So in terms of safety, in terms of child safety, the showground is full of dark spaces, poorly lit ... There's lots of old little shaky pavilions with dark corners around. There's nothing about it that is safe.'

'How vulnerable kids are with having so many different people, the stories that we heard were just that the evacuation centres were chaos, because there were pets there, there was such a range of things happening, and just the vulnerability of kids in that space.'

One emergency responder warned that:

'Emergencies can bring out the very best in people, but also the very worst in people. And when children and families are vulnerable, they can be preyed on by people that do not have good intentions for the children.'

Physical safety concerns were noted.

'The things that we find is challenging with kids is things like the low power points that don't have covers on them, that they could stick fingers and toys in, balcony steps. Some of these big halls are right next to a main road, so there's not necessarily any protections outside. Things like hot water urns for tea and coffee ... that little ones can reach up and ... touch. And of course, cords and cables and you name it, lying around the centre.'



Young children playing in an evacuation centre during Black Summer Bushfires

Exposure of children to **very distressed people or news reporting** was described as detrimental to children.

'They had the mega screens on, with the news on [in the evacuation centre]. And so of course it's just 24 hours a day, but it's on screen after screen, after screen. And I had to go and try and find a coordinator to say, "You need to turn this off. You cannot have the children seeing it.'"

Animals in evacuation centres were a problem for those caring for very young children.

'The chaos in that evacuation centre ... she found it difficult to [breast] feed and she had dogs running over her ... it was just untenable, really.'

Lack of safe sleeping environments for babies was a concern raised by several of the emergency responders.

'So we often use camp stretchers or blow-up mattresses on the ground ... we've seen very dangerous situations where the caregiver will fall asleep while breastfeeding baby. And of course those mattresses will just sink into the middle, and it can be quite dangerous for bub.'



Uncrowded and relatively child-friendly evacuation centre during Black Summer Bushfires

Emergency responders described how **unrecognised needs and lack of support** for mothers in evacuation centres meant that, when stressed and overwhelmed, some women make decisions that seem best to them at the time but are **potentially risky or outright dangerous**. For example, washing of feeding bottles was observed to occur in (often overused and dirty) toilet sinks in evacuation centres.

'I went into the toilets. I came out to wash my hands, and here's a lady trying to wash baby's bottles so she can make up some formula. [The baby] was somewhere around the three or four-month age ... that was wake-up call to me ... there was only two ladies' toilets ... and it was only cleaned once a day.'

In an even more concerning case, a woman was found washing her baby's feeding implements in a puddle:

'Outside the back... there was a lady squatting down and she had a baby strapped to her back, and she was washing the baby's feeding implements... So the little bottle and a little bowl and a spoon in a muddy puddle.'

In another alarming example, a mother put her baby under blankets to hide them, highlighting the need for support for women on their own in evacuation centres:

'We had a single mum in one centre ... didn't tell anyone she was heading off for the shower and buried the baby under all the blankets on the bed so nobody would know that the bub was still there while she was gone ... now thankfully bub stirred and did scream and one of our team noticed that the bub was actually in the bed buried under all these blankets. So the dangers to bub in that scenario were pretty significant ... But I guess that highlights the issue of single parents or caregivers in an evac environment who need to undertake basic care for themselves like toilets and showers and those kind of things, while trying to care for a bub with no other supports around.'

In these cases, the women did not know that they could ask for help or who to approach for assistance, resulting in their children being placed at risk.

In agreement with the mothers who were interviewed for this study, **smaller evacuation centres** or those that had **multiple rooms** were described as being better for families with very young children than larger or single-space evacuation centres.

'Smaller [evacuation centres] like your bowlos, and even some of your churches and stuff, definitely more comfortable.'

'One of the places ... worked very well ... they had an evacuation centre in a large bowling club ... [with] lots of areas for people to go to ... And the families with young children actually congregated, not through any planning, but just naturally all went to the one area. And so, I think that they had a much better experience there than what they did in some of the other evacuation centres.'

Informal evacuation centres were a response to community need

In some instances, community members, including doctors and early childhood educators, responded to emergencies by **opening up their facilities as informal evacuation centres** for families with very young children and other vulnerable people.

'We had eight families staying there with their dogs and a couple of families from the evacuation centre who came because it was medical practice ... because their kids had special needs. That was the baby we were caring for ... we were caring for the family. I can't tell you how vulnerable they felt. A new child and brand new, three months old and it was so deeply disturbing to them that they couldn't protect their child ... And so they ended up coming and staying at the practice as well.'

'There were lots of families with little babies camping in an environment where the sky was black for days, you couldn't see, it was the middle of night all day, and you went out and it was just so choking. And so when we found families like that, we brought them back to the surgery and they stayed at the surgery.'

These were **not planned actions**.

'It was [spontaneous], I was just sitting on the veranda one day and I was just thinking, hold on a second, the centre has gas and ... then I

rang my boss and I was like, "Can we use it?" And he said, "Absolutely, go right ahead, just open the doors, let people in."

In these small, informal evacuation centres, the presence of other people and cooperation between them **promoted feelings of safety**.



Children's sleeping arrangements at a Eurobodalla children centre being used as an evacuation centre during the Black Summer Bushfires

'Overnight, people would take watch so other families could sleep, and some said they hadn't slept for days because they were just so worried about what was going on. So it was nice that they had a few hours that didn't have to watch and get up and look around their property and things like that.'

Children whose families evacuated to day care centres **even had a good time**.

'So we were in a bubble ... to the children it was like a holiday because they had all the play equipment, they had a huge, big play area out the back.'

So it was nice that they had a few hours that didn't have to watch and get up and look around their property and things like that...



Children cooling off during evacuation at a childcare facility during the Black Summer Bushfires

Child friendly spaces supported caregivers and young children in evacuation centres

Child friendly spaces facilitated by Save the Children/54 Reasons provided a supervised area in some evacuation and relief centres where **children could play and be children.**

'Parents would come up, and they'd have to sign their kids in. We would tell them it's only a couple of hours, and they'd come back and collect them ... And then we just entertained the kids, played with the kids, talked to the kids ... they just wanted to play and just be kids, really.'

While children as young as two years old can be accommodated in child friendly spaces, it was noted that very young children often do not want to be separated from their parents.

'We didn't take the babies on ... the younger kids ... mainly, they wanted to stay with their parents, which is fair enough, it was a scary situation.'

Often child-friendly spaces take days to more than a week to be established, but one of the emergency responders interviewed described how she was able to get a child-friendly space established the day after an evacuation centre opened because the **council asked quickly** and she and a colleague were close by:

'Like the day after ... one of my colleagues and I both just came down to our workplace. We ... just boxed up heaps of toys and stuff to drop there. And then she got the call to say from the Shire to say, "Can you set up?'

Emergency responders also described making **informal spaces for children** in evacuation centres.

'This poor mother, who was on the brink, just lost it. And I said, you know what? Come over here, where the kids' area was, because she's got three kids, we'll move some of this stuff aside and your kids can read books and stuff like that ... She said, "Oh, thank you so much.'

The presence of child-friendly space workers in evacuation or relief centres means that people are present who have a child focus and it seems they often **play an important advocacy role.** One of the child-friendly space workers interviewed was the person who told evacuation centre managers to take the news off the big screens at the evacuation centre. Another described how she and colleagues got **parents prioritised for access to supports** and ensured that children were fed and cared for while their caregivers waited:

'We had families in there for eight hours waiting to see all of the services. They were at a high level of stress. They had kids that hadn't eaten all day because they didn't want to lose their line. So we ended up coming out with a formulation with Resilience New South Wales

and Red Cross ... We bumped them up the line of Vinnies or we bumped them up the line of Salvation Army or bumped them up the line of Insurance or Service ... We had food there for the children and water. In the end, we were pushing families through really, really quickly. And ... when they got ... paperwork ... We'd just say, "Come in. Grab a cup of tea, something to eat, either stay in here, fill out your paperwork or sit out in the waiting room, your children are okay, they're happy, they're actually being children." ... They would go out and fill out their paperwork. We'd then bump them up the line [again] ... And so we were getting them through within two hours ... from start to finish.'

Breastfeeding challenges and support provided to mothers

While breastfeeding was noted as being protective of infants, emergency responders noted that mothers **faced challenges in continuing to breastfeed** their babies during and after disasters. Although **stress does not impact milk production**, it is very commonly believed that it does, and this belief was held by mothers and emergency responders.

'Very frequently people who will come into those evac centres who are stressed, and obviously normal stress reactions can not only affect the cognitive process, but also the actual physical and physiological kind of processes as well. So things like the mother's breast milk being impacted by stress in the first instance can and does occur for sure in an evac centre.'

We had families in there for eight hours waiting to see all of the services. They were at a high level of stress. They had kids that hadn't eaten all day because they didn't want to lose their line.

Women in that situation can **stop breastfeeding** altogether as described by one emergency responder:

'We had a mum had been so stressed that she couldn't breastfeed. Then the baby hadn't had any food for, I don't know, 18 hours ... How do you breastfeed when you're going through something like that?'



A Red Cross Volunteer and ABA breastfeeding counsellor who provided support to mothers who had evacuated with their babies during the Black Summer Bushfires

Breastfeeding counselling can enable women who are in extreme distress and lacking confidence in their ability to breastfeed to continue breastfeeding. In fact, breastfeeding itself has a physiological destressing impact. However, **breastfeeding support is often not available** or not seen as a priority in emergencies.

'So if someone was having a problem with even being able to breastfeed or express milk in any way, being able to access the health worker that is available to come across to the centre and spend time with mum or being able to organise for mum to go to a health centre... And when you come forward with a request like that, they're like, "That's not on our priority list." And you're thinking, "Oh actually it should be. It's got to be on someone's priority list if this baby can't feed.'"

Interviews with emergency responders *continued*

One emergency responder described how a **lactation consultant who offered assistance** to an evacuation centre was turned away:

'She'd made contact with them because ... somebody [from a large evacuation centre] had put out the word, "We need sterilising equipment." And she'd responded saying, "I don't have a steriliser, but I do have these skills." And they'd said, "Oh no, we don't need those".'

An evacuation centre volunteer who was also an ABA breastfeeding counsellor described how **she was able to assist mothers who were stressed** and worried about their ability to breastfeed by helping them to understand their baby's behaviour and so regain confidence. These mothers and babies were in an extremely smoky environment and were very unsettled and coming on and off the breast. The volunteer described how she:

'Didn't particularly go there to do breastfeeding counselling, but ... I tended to gravitate to the mums that would be sitting around with babies that were between the ages of newborn to two or three to find out how they were coping.'

This emergency responder described how one particular mother was concerned that there was a problem with her milk and how she provided empathy and information thus:

'How they pick up vibes. And at this age, at four months in, they're aware of what's happening around them, they're aware that mum and dad are very stressed and uptight, and they are having trouble breathing ... and that's why they were coming on and off.'

In this way she normalised the woman's experience and **empowered her in her mothering**.

Some weeks later the emergency responder encountered this woman again who told her:

'Once, I got over my initial fears when we talked the first time about the baby being unsettled [it was all OK].' She informed the emergency responder that, 'She was ... glad she was breastfeeding because, 'I don't have to worry about getting formula. I don't have to worry

about where the water's coming from, whether it's been boiled, whether it's out of the tank.'

The demands of recovery, were described as presenting challenges to some mothers caring for children, including breastfeeding. One health worker detailed how the **enormous workload of farming women** on fire-affected properties reduces women's ability to look after the physical and emotional wellbeing of themselves and their children. This included **reducing their hydration and breastfeeding frequency**, so impacting milk production:

'And so what's going to happen is the baby's going to miss out and your baby cues ... the time to the breast ... all that attachment stuff, it just totally goes out the window. So the nutrition of our mums, hydration of our mums ... because that farming workload is so enormous and the demands, it's hard to describe it without going on and on for hours ... And the distractions when you're feeding would've been enormous too. Phones ring, people coming and going and just not that ability to be able to relax. And that fatigue overnight, breastfeeding as well would've been just awful. It's that whole care, that whole physiological caring of babies, of children.'



Family returning home, Currowan area, during Black Summer Bushfires

Formula feeding challenges and support provided to caregivers

Emergency responders recognised the vulnerability of formula fed infants in emergencies and the need to ensure that their caregivers had access to infant formula. However, they also spoke about a general **lack of knowledge about formula feeding** amongst emergency responders around the resources and support required to formula feed with an adequate level of safety. Guidance and policy appeared to be lacking meaning that response could be inappropriate.

'One of the evac centres we had ... we'd requested formula to be sent across, they sent one tin. We had a couple of hundred evacuees with multiple families and kids. One tin. So we had multiple families dipping in and scooping out of this one tin, no sterilisation equipment, no means to be able to sterilise there. It was just an absolute health and safety nightmare. So we very quickly then had to scream up the chain of command to say, This is not okay.'

The process by which infant formula was provided to caregivers in evacuation centres and who provided it varies widely according to what emergency responders said. One emergency responder said that in their jurisdiction, caterers, welfare, or evacuation centre management might provide infant formula. However, it also seemed **that none of these people had responsibility** for ensuring that caregivers also had access to washing and preparation facilities in the evacuation centre. In some evacuation centres, infant formula might just be left on a table for people to come and get if they wanted it.

'So, yes, there was formula, and it was quite often just take it if you want, like it was just open slather.'

In some evacuation centres, infant formula might just be left on a table for people to come and get if they wanted it...

Emergency responders recognised that those living in the community might also come and get infant formula from evacuation centres but there seemed to be **no processes in place** to ensure that they have access to clean water and the ability to heat water, even in circumstances where water and electricity supplies are disrupted and/or boil water alerts are in place. A number of the emergency responders recognised that there needed to be **improvement in processes around infant formula distribution**. One of the emergency responders interviewed, described how their local health district had **taken on responsibility** for providing infant formula to evacuation centres and creating guidance for evacuation centre staff including around assessment of need and support that must be provided:

'When an evacuation centre is set up, the pathway is just the steps that the disaster manager will follow ... The most recent edition of the pathway, it's just a step-by-step kind of approach, who's going to contact who... So who do they contact to then say, "We've got a baby in this evacuation centre that's six months old. We might need formula." Then we would send out ready-to-feed formula rather than powdered infant formula.'

However, this process is yet to be deployed.

Emergency responders described **large volumes of infant formula donations**. One small community received hundreds of tins of donated infant formula, much of it out of date or otherwise not suitable for use. In this case, a local health worker gathered it all together to stop it causing problems for breastfed and formula fed infants:

'It was horrific. So that was another huge, huge issue. Oh my God. The donations of formula that was either out of date, really close to being out of date, really bizarre labels, goat milk, just weird brands that I've never really had anything to do with before ... But yeah, the formula was certainly absolutely out of control.'

In another town, a donations manager described having:

'So much baby formula that we just couldn't get rid of it.'

These donations also included **expired infant formula** which was given to a local animal shelter.



Out-of-date donated infant formula was used by one emergency responder to feed her lambs (photo courtesy of Louise Middleton)

Infant formula is a special category of product that should only be provided to caregivers after an assessment of need and with assurance that other resources needed for feeding are available. However, the existence of **donated infant formula places pressure to distribute**, as described by one emergency responder:

'There was plenty of baby formula in powder ... I know there was a newish mother in the town, and I tried to give her some things, but she said she was right.'

Pregnancy and birth experiences

Midwives who had worked through emergencies described how they **disrupt care to pregnant, birthing, and post-partum women**. One midwife worked in a hospital isolated because of a disaster and where for a number of days, she was the only provider of health care for women presenting for pregnancy concerns or in labour. She described being unable to access health records for some women because women had intended to give birth in another health service and how post-discharge care was compromised for some women:

'The women who had delivered and got home just in time before the roads shut, some of them with brand-new babies were having to evacuate ... we weren't allowed to home visit anyone ... The phones were down. So we had no way to ring a woman and say, "How's your breastfeeding going?" Or the baby who'd lost 12% on day four, who should really be having daily weights and a feeding plan.'

Another emergency responder described a lack of **consideration of the emergency circumstances** in the discharge process for a premature infant:

'I had a horrible situation in the flood ... A very young mum. She was 17, dad was 18, and they came in with their five-week-old who had been four weeks prem. And the hospital had let them go home knowing that they'd been sleeping in the car for the past two and a half weeks. But the baby got to five pounds, so off you go. You can take the baby home. They had nowhere to go. They had no house to go to ... And I was so frustrated with the hospital's duty of care.'

And the hospital had let them go home knowing that they'd been sleeping in the car for the past two and a half weeks. But the baby got to five pounds, so off you go...

Domestic violence considerations

Domestic violence was described by emergency responders as a **common and serious issue**. In small communities, emergency responders described how women feared that their ex-partner might be in the same evacuation centre. These women might not evacuate or risk violence in the evacuation centre.

'Some families didn't go into relief centres, especially in our very small communities, because of the partners who may have been at that relief centre.'

One emergency responder described a woman with very young children, who had been staying in a refuge, having rocks thrown at her by her ex-partner in an evacuation centre:

'She had an AVO against her ex-partner, the father of her child; she was put into the evacuation centre with him. He was throwing stones at her during that time.'

One emergency responder described a woman with very young children, who had been staying in a refuge, having rocks thrown at her by her ex-partner...

For some, it was noted that evacuation was a time when women might have the opportunity to **indicate that they were experiencing violence**, including via evacuation registration forms.

'The third option is if someone comes looking for me, don't tell them anything about me. So if they tick that one, we would then normally ask that additional question that says, "Because of your situation, will you or anybody else here be at risk?" And normally in a domestic violence or family violence scenario, they will say, "Yes, if they find me, they'll hurt me." Or, "They'll hurt you to get to me," kind of thing. At which point then we can escalate that process.'

A specialist in family violence described how their organisation had taken up extensive **planning for emergencies** to ensure that women and children are safe:

'If we know a fire's raging towards a house and there's a victim and her children in the home and we know that her partner's not going to let her leave, what do we do with that? ... Particularly for those that are in rural areas, he'll regularly leave, take the keys and she's stuck ... Or he'll go out and fight the fire because he's a hero of a man and that's what he does, and she'll be stuck at home in a rural property with the kids and no vehicle. So ... one of the things that we are planning for this ... is to keep a register of those where we know that could be a possibility and having a plan around how we would contact them to check that they are okay and what our plan would be if they don't respond. So working with the police around doing welfare checks and at what point that would be safe and how we can actually have a conversation with the victims around how do you keep yourself and your child safe if you do face an emergency?'

This same organisation has plans in place to ensure that women **do not need to evacuate to evacuation centres**:

'Our plan is to have quite a solid plan of how we manage that situation and where victims should go to be safe because putting them in an evacuation centre is not the safest place for them ... when we hit the peak of bush fire season and if we're heading into code red days, we will book accommodation in advance so that we have rooms available should we need to put people in there.'

Trauma and out-of-home care considerations

Children who have experienced trauma or who are in out-of-home care and their caregivers were recognised as having some special needs. One emergency responder described how she had advocated for a family with children in kinship care to have **more time to adjust to change**:

'At one point the coordinator of the evacuation centre had said, "Okay, grab your stuff. We're going to shut this one down at four o'clock and we're all going to move over to the other evacuation centre." ... It was just a fluke that we heard that and we're able to say, "No, this family actually needs processing time.'"

A foster care manager described how they **support carers** to develop emergency plans, keep in touch with them through disasters and provide financial assistance where needed:

'Well, we do have some carers who might not have family local, and even say evacuation points, they may not be suitable for some of our children [for whom] ... It could be a real trigger. So we would be offering that financial assistance if that's what was required ... basically whatever they needed.'

She also recognised that not all foster care agencies provide such support:

'I'm actually surprised sometimes at the amount of carers that say they're not supported.'

Disability considerations

Emergency responders described how **difficult evacuation centres** could be for children with a disability.

'And as we know little people with additional needs, especially the age bracket you're looking at, that sense of stranger danger is just non-existent ... We've got a child that's very gregarious and likes to meet people, additional needs, but we just couldn't ensure their safety.'

'Little ones living with autism or ADHD, or other iterations. So of course an evac centre environment is not going to be helpful to them at all. It's noisy, it's chaotic, it's way removed from their normal routine.'

In some cases, emergency responders described how children were able to **be placed in an alternative location** to the main evacuation centre.

'There were children with disabilities and one of those little boys had lots of pets, and he couldn't be separated from his pets with his condition and anxiety. This little boy ended up in the [small evacuation centre] for a couple of weeks. He needed enclosure. He needed something like that.'

However, it was also reported that some families have paid, sometimes **a substantial amount of money**, to evacuate to alternative housing because they knew their children would not be safe in an evacuation centre.

'They ended up spending their whole life savings to move out ... And they made that choice to make sure that their children were safe.'

In recovery, it was noted that parents of children who had a disability could **not necessarily access mainstream or disability supports**.

'There were recovery activities available where parents could just drop the kids off for a couple of hours ... A lot of parents that I've spoken to, still trying to process their own trauma, and then go, "Well, hang on a minute. We've not been able to do what others have done because we can't actually get access to support workers to help said child.'"

Cultural considerations

Emergency responders raised cultural considerations including around breastfeeding and asking for assistance.

'So other challenges definitely around, I guess cultural norms and cultural practice in ... relation to breastfeeding. So some of those cultures ... it's not acceptable for them culturally wise to be sitting in an open space and breastfeeding; they very much want and need a private space for that to occur, [but] they won't always come forward and tell you that it's an issue.'

'So migrant, not a single word of English, had no support network around her at all. And for her culture, it wasn't okay to ask for help, you had to fend for yourself.'

After the acute emergency and into recovery

The stage of development of infants and very young children means that they are unlikely to be directly traumatised by a disaster, however they can have **trauma transmitted to them by their parents and caregivers**. This transmission can occur if parents and caregivers are unable to provide predictable, responsive and loving care. Supporting the emotional wellbeing of children therefore needs to be predominantly focused on supporting their caregivers. As one emergency responder said:

'You want to help the children, help the parents' ... We need to consider what the parents need to help facilitate the children because their influence on the children is so strong and so crucial.'



Father and daughter walking their property after the Black Summer Bushfires

Parents and caregivers who have been severely traumatised because of an emergency, might need help to see past their circumstances and **connect with their very young children**. One emergency responder, working in a community

that had been devastated by bushfire, described using photos and video to help women to do this:

'We got the mothers' mobile phones, the mothers that were so frozen that they ... couldn't really even think to attend to the basic needs, we could see that the children were desperately seeking the reassurance of the mother that everything was going to be okay ... We would find videos on the mother's phone of the happy times, like holiday videos, things like that, where the mother was really engaging very authentically with the child and ... we would play those videos ... we felt as though it really helped them to also remember and then think that this is only a temporary thing and that into the future, they can possibly get back to what it was that they were seeing.'

We felt as though it really helped them to also remember and then think that this is only a temporary thing and that into the future...

In their acute distress, some women needed their children's **very basic needs pointed out to them**:

'So keeping your baby clean, keeping the nappy fresh, checking over their body, making sure there's no rashes, or making sure they're fed, watered, all those basic things. It was almost as though they couldn't even actually think to do those things ... we would go around to each house and just make sure. "Okay, has such and such been fed in the past three hours? How are you going?" So, "Yes." And it'd be like a veil had ... "Yes, yes, I have to feed him. Hang on, hang on." So they'd go over and pick up the baby. The baby was soiled. Obviously the nappy hadn't been done in all that time. So there was so much of that basic ... prompting to do those basic things.'

Emergency responders noted that the **busyness of recovery** also made it very difficult for caregivers to be responsive to their children.

'But the services that present to you after that initial emergency is so overwhelming, and the phone ringing and the demands on you, that it's almost impossible to function and care for yourself, your children, and your family ... It's just absolutely almost impossible.'

Emergency responders indicated that **anything that lightened the load** off parents would help their children.

Preschools and early childhood centres play an important role in recovery

Preschools and early childhood centres provided older toddlers and preschool-aged children with **normality and routine**. Early childhood educators we interviewed described how they sought to create an environment that would **promote feelings of safety**.

'We had set things that we did in that time of gathering and that was the formation for those children every morning, that was their little secure base ... And so, it was really important to have a safe structure and familiarity for them.'

Early childhood centres **supported the wellbeing of parents** by providing them with childcare when they had so much on their plate.

'[A preschool had just opened] they thought there would be no one that would come... But they were saying that it was full, that all of the parents really needed to come to the preschool and really relied on it as a way of getting through it themselves.'

Early childhood educators also knew about families' circumstances and so could provide **material support in a non-obtrusive way**.

'We were able to connect with the families around here, who probably weren't jumping up and down asking for a handout, weren't asking for something ... We were able to distribute this through several charities.'

Early childhood settings **acted as a conduit for other organisations** to reach children and their families with programs to support emotional wellbeing. Interviewees described a number of different programs which generally focused on **helping educators to understand** children's responses and needs after a disaster, with some activities for children, limited because of their age.

'We would also offer support for educators ... It may be some just general disaster recovery workshops about how children are impacted, signs that they might need additional support.'

'So we would usually do a shared book reading, just OT regulation activities, maybe do some speech activities all around that theme of [the emergency recovery resource] Birdie's Tree ... There were some children that we did individual therapy with, but primarily, it's more working with the educators as a group or individually with particular things that they would like to learn, and then how they could put that into place in the preschool.'

We didn't work directly with children who weren't preschool age. But we were very aware that they're such an ignored group

Unfortunately, these programs were **generally not available immediately after the emergency** and often did not have high involvement of parents and caregivers. This meant they would only assist the very youngest children if they had older siblings in early childhood education and their parents were being provided with support. This was recognised as a gap by one interviewee:

'We didn't work directly with children who weren't preschool age. But we were very aware that they're such an ignored group.'

Emergency responders noted that there was very little support post-emergencies targeted at supporting the **emotional wellbeing of the youngest children**.

'One of the big things we've had here since the fires, was very, very low supports, mental health supports for early childhood.'

And as one emergency responder described, children who were likely **too young to have been directly impacted** by the disaster, were showing distress through their behaviour:

'The children's behaviour, it's beyond our capacity to deal with a lot of the stuff ... we've never had to deal with this before.'

Bringing mothers of infants and very young children together as a supportive measure

Emergency responders described, how in some instances, **spaces for mothers to come together** to share stories, to support one another and for their children to play were created. These initiatives were able to be accessed by the mothers and caregivers of the very youngest children. In one town, a preschool next to the relief centre was opened up by Red Cross volunteers two weeks after a bushfire for two hours two mornings a week as a **drop-in centre for mothers** and other caregivers and their very young children. In another, very badly disaster-impacted town, **a space that was safe for very young children** was created less than one week after a bushfire and enabled mothers to gather together for support. As one of the emergency responders involved described:

'There was a woman there whose house was still half standing, and she had a big ... open shed. So we ended up being able to ... set that up as a bit of a meeting place for everybody to come together ... We ended up putting up ... that orange sort of temporary fencing stuff that goes around festivals and things just to provide some sort of security to the children ... and that did become a real mecca for the mothers and the children.'



Children playing covered in soot on property post Black Summer Bushfires

These initiatives were short-term, but the Australian Childhood Foundation and partners, instituted a more long-standing program for mothers and their very young children in Corryong, Victoria, after the 2019 to 2020 Bushfires called ChildSPACE. ChildSPACE aims to support the emotional wellbeing of caregivers through **promoting social connectedness**. It provides resources to assist parents in caring for their children including a toy library, classes and access to other resources. As described by an emergency responder involved with the program, it has been very well utilised:

'We leased a building and made a kids and families space ... So it's full of toys and climbing equipment for kids, and we've made one room really safe and nurturing for mums to go and use. And yeah, the way the community has used it has just been greater than we could have ever hoped or dreamed. People are coming in and connecting.'

Some people plan to meet friends there for a play with the kids, and the mums have a coffee, others, there's just so much of the incidental catch-ups, that just turns into a really rich connection that just wouldn't happen without a space like that. So yeah, it's been really lovely to see how the community have used it and continue to use it.'

Providing a safe space for mothers and their very young children immediately after a disaster, and then **augmenting that space with formal supports over time**, is a model of support aligned with what one of the emergency responder researchers interviewed said is needed:

'So it's not ever going to be perfect. But I think what happens initially around that nurturing, caring, calming, restoring, a sense of safety, those things are really, really important for the long-term outcomes. And then after that initial phase that we need to come in with the specialist care, whatever that might be. And also the overlay over all of that for me is around protecting children.'

Recommendations to better support families with very young children in emergencies

Emergency responders were clear that parents needed to be provided with **more information on preparing for an emergency** including what to put in their evacuation kit for their very young children.

'All that stuff about safe evacuation with pets was telling you all the things to take with you, but if you had something very simple for babies that this is, take this with you.'

It was also suggested that pregnant women in emergency-prone areas should have items on hand in case they were **isolated at home** because of an emergency and went into labour, as well instructions on what to do if they needed to give birth without access to health support.

'An instruction list of worst-case scenarios, you end up delivering at home or looking after your baby at home, brand-new baby, you've never

done it before and then midwives cannot visit or ring you because of fires or whatever.'

Emergency responders also spoke about the need to have a **separate space for families with very young children** in evacuation centres.

'On intake, if you had everyone register and they could say on intake whether they're breast or formula feeding, and then just giving the families a nice supportive place, a comfortable place, so they don't get as stressed ... a station [for making up infant formula] ... even a table for changing nappies and a garbage bin to be able to dispose of it easily and wipes and things like that.'

As in the previous example, emergency responders also said that more information on family and child vulnerability, including information on how infants are being fed (and particularly if they are formula fed) should be **collected at registration in evacuation centres** so that **proactive and appropriate support** can be provided.

'Just a tick box for whoever to say that this person would be classed as vulnerable, which could be used ... This family has X amount of children under the age of five. This person is classed as a vulnerable person due to age, medical, whatever ... if they were being formula-fed.'

Signage in evacuation centres to tell people where they could get help with accessing resources for formula feeding and not to wash bottles in toilet areas was also suggested.

'In our evacuation centre kits that we have, that we take, we need some laminated posters that says, "Do you need help with washing bottles or do you need help with ... Please come and talk to Red Cross staff" ... if we had that in the toilets around the evacuation centre.'

And having **one organisation** (rather than many) responsible for supporting the feeding needs of infants and young children.

'So I think at a minimum it's acknowledging that all of these issues exist ... identifying that one entity to be responsible for ... the food

or formula, if that's required, not just in evac centres, but the wider community who might be displaced or impacted through lack of power or water.'

They recognised that wherever possible **ensuring access to breastfeeding support** in evacuation centres was needed, whether in person or through use of telehealth or the National Breastfeeding Helpline.

'That should be GPs coming into evacuation or lactation consultants coming into evacuation centres ... And I think we need to use our ability to use telehealth and things like that so we can phone in on a phone and talk to a mother and support them.'

Adding the needs of children into **evaluation of venues as possible evacuation centres** was a suggestion made by one emergency manager:

'Every shire that is responsible for identifying evac centres, send them as a tick box part they can add to their inspection sheet when assessing a property ... Does it have discreet baby feeding areas? Is bottle washing accessible? ... Now just have a little tick box thing they can add onto the site inspection, because most of them operate with a checklist format when they nominate an inspector to possible evac centre ... it makes it front of mind.'

Emergency responders wanted **information and checklists** for themselves to make it easy for them to know what to do.

'Well see, I'm a father of a seven-year-old and a nine-year-old boy ... and I put myself back into those situations and just think, "It's just a different world" [caring for babies]. At which point do I step out of the normal world into this little bit of a specialised world?' ... But if I had a cheat sheet then, I'd go there. It's my favourite, a cheat sheet.'

Aforementioned 'cheat sheets' might also assist in **child safety checks** that another emergency responder said need to be carried out in evacuation centres:

'Having evac centre workers be aware that they will literally have to do these safety walkthroughs on a regular basis to make sure that those environments are child safe.'

Finally, emergency responders expressed a **need for training and capacity building for emergency responders** on supporting very young children and their parents and caregivers in emergencies. It was evident from what the emergency responders interviewed said, that many would welcome the opportunity to learn more. One interviewee had seen this for herself when she undertook a training:

'Three local Shires got together and did a training day for evacuation centres ... We presented about just some of the considerations for kids, and the feedback was phenomenal just about how they really hadn't thought about it And so we just spoke around some really basic considerations... we got a lot of feedback to say that it just shifted the whole conversation for the rest of the afternoon, because people really started to think about the impacts on kids.'



Community Protection for Infants and Young Children in Bushfire Emergencies Project team presenting to Red Cross volunteers at Club Malua, 2022

Global emergency expert interviews

Twenty emergency experts who had been involved in emergency planning or response related to young children in Canada, Croatia, Iceland, Ireland, Italy, Japan, New Zealand, Poland, the United Kingdom, Ukraine, and the United States of America were interviewed.

Global challenges to supporting very young children in emergencies

The global emergency experts described challenges and barriers to providing support to families with very young children that echoed what we found in Australia. They noted that supporting the mothers and other caregivers of infants and young children in disasters was often not seen as a priority. They also described a gap for the youngest children in emergency planning and response.

Problems with data collection and service provision were described. The feeding needs of infants and young children, including breastfeeding, formula feeding and complementary feeding were overlooked. A lack of knowledge amongst emergency responders of how to support mothers and other caregivers was evident. This meant that emergency responders often did not notice children's or caregivers' needs and that it was assumed that mothers and other caregivers would know what they need and be able to look after their children without special support. The false belief that stress impacts breastmilk production was widespread and resulted in lack of breastfeeding support and responders providing infant formula when not indicated.

Alongside this, was a lack of awareness about the needed resources for formula feeding. In all countries, donations of infant formula were a problem. These donations were often out-of-date, of excessive quantity and not distributed in a controlled way while ensuring that parents and caregivers had other necessary resources.

Global solutions to supporting infants and young children in emergencies

The global emergency experts interviewed described actions undertaken in their countries to improve the support for and emergency experiences of families with very young children.

Improving the emergency planning for infants and young children

Global experts described how evidence that there was a planning gap assisted advocacy for improving planning for infants and young children. Ensuring that those who have knowledge about the needs of very young children had a seat at the table during planning was an enabler of a child focus and for issues to be brought forward when they wouldn't otherwise be. It was noted that those involved in planning should include health workers with appropriate knowledge including regarding infant and young child feeding. Including the needs of infants and young children in scenario activities (paper-based and staged) provided both educative and gap-identification opportunities.

Ensuring emergency response meets the needs of infants and young children

Having appropriate planning was considered the foundation for good emergency response, but planning itself was not enough. Planning and policies needed to be integrated across relevant government and non-government organisations so that organisations could work together to protect very young children. In addition, appropriate training of emergency responders, including health workers, was viewed as essential to ensuring emergency responses meet the needs of very young children. In one country, this was taken so seriously that infant and young child feeding in emergencies was integrated into national medical training requirements so that all graduating doctors would have knowledge in this area.

When it came to the detail of emergency responses, ensuring that very young children and their parents and caregivers were considered in the management of evacuation centres was viewed as extremely important. This included

considering the needs of children in the choice of evacuation centre venues and making sure that evacuation centres have appropriate equipment for young children (for example, beds and bedding and nappy changing facilities).

Ensuring that registration forms ask for crucial information, such as how an infant was fed, was described as necessary for providing required support to parents and caregivers. Recognising vulnerabilities associated with child age and feeding method within and without evacuation centres, was described as protective of child health and was supported by appropriate data collection at registration and other forms of needs assessment (at an individual and population level).

Priority access to resources for mothers and other caregivers of infants and young children was noted as a valuable practice given how difficult queuing can be for very young children and their caregivers and how it can interrupt time-sensitive caregiving like feeding.

Policies and procedures to reduce and manage infant formula donations and to enable appropriate infant formula distributions were described by global experts as critically important. Encouraging the public to donate money and not infant formula was described as being one way of reducing unhelpful donations.

Distributions of infant formula were most effective when undertaken by individuals with skills to assess need and who also had the responsibility to ensure that other necessary resources (such as water and washing facilities) were available to the caregiver. Where breastfeeding counselling was not available on-site, enabling access to telephone counselling had been of assistance in several countries. Emergency authorities had, in some instances, promoted telephone breastfeeding counselling services broadly to the emergency-affected population including via the media. Adjusting for cultural context (for example around breastfeeding in public) and child or parent disability was described as assisting caregivers.

A separate space in evacuation centres for families with very young children was described as a facilitator of support to caregivers and protective of child health and wellbeing. In Alberta, Canada, an initiative to support very young children and their caregivers in evacuation facilities that encompassed the supports described here, has been developed. Further detail on this initiative is provided in Box 1.

Gaining support for implementation of emergency planning

The global experts interviewed, emphasised the need to gain support to ensure that planning and initiatives to support very young children in emergencies were implemented. They described having government agency support as vital. Experts from five countries also explained that the support of UNICEF had been critical to their improving emergency response to very young children. Champions for children within government and other organisations assisted in gaining institutional support. Experts described how more non-emergency specific policies (for example national breastfeeding strategies) could assist in advocacy for better emergency response to infants and young children.

Within NGOs, involving international humanitarians whose work routinely includes support for mothers and infants and young children in emergencies, was seen to increase the confidence of those working domestically on the value of targeted support for very young children. Providing resources to emergency responders, for example instructions and guidance, was seen to aid implementation. In two other countries, flow charts including questions to ask mothers and other caregivers was developed to help emergency responders to provide appropriate infant feeding support.

Promoting family resilience

It was recognised by global experts that including parents, particularly mothers, in emergency preparedness activities, such as for evacuation, was important. However, it was also noted that the busyness of parenting meant that it could be difficult to engage those caring for very

young children. Communicating with parents via community organisations that involve children such as playgroups was described as assisting with parental engagement. Involvement of whole communities, including parents, in emergency planning via Community Response Planning has been successfully used in New Zealand as described below in Box 2.

Providing emergency preparedness and recovery resources, specifically for the mothers and caregivers of infants and young children was described as important. In New Zealand, a recovery program focused on encouraging caregivers to take time to engage lovingly with their children was deployed after the 2011 Christchurch Earthquake and is described following in Box 3.

1 Baby and Child Unit, Alberta, Canada

The 2016 Fort McMurray Bushfires in Alberta, Canada burnt nearly 600 000 ha of land and required the evacuation of 88 000 people, including many families with infants and young children. During this emergency, volunteers from a child health coalition identified deficiencies in the emergency response to the caregivers of infants and young children, that placed children at serious risk. Following this emergency, an organisation created in response to the poor disaster response to very young children, Safely Fed Canada, worked with authorities from one local government area to create the Baby and Child Unit. The Baby and Child Unit supports the caregivers of children 0–3 years, who have been impacted by a disaster, in caring for their children. The Baby and Child Unit provides a separate space within evacuation facilities for parents and other caregivers of very young children and is resourced with items to support children's specialised feeding, hygiene, sleep and play needs.

These resources include:

- **Feeding:** private space for mothers to sit and breastfeed or express milk, snacks and water for breastfeeding mothers, infant formula, clean space for infant formula preparation, feeding implements, washing and sterilising supplies, access to water for washing, complementary foods.

- **Hygiene:** space for nappy changing, nappies, nappy wipes, hand sanitiser.
- **Sleep:** space for very young children to sleep, including during the daytime, baby boxes for infant sleep, baby blankets.
- **Play:** clean and contained space for babies to crawl and sit and play, suitable clean toys.

Reassurance and emotional support are provided to caregivers by trained volunteers/workers to help them to remain responsive to their children, so protecting children's emotional wellbeing.

Volunteers/workers receive basic training on breastfeeding, infant formula feeding, hygiene, sleep safety and psychological first aid.

Mothers experiencing breastfeeding challenges are referred to telephone breastfeeding counselling if onsite services are not available. Signs supporting child safety are posted in facilities, for example signs saying 'do not wash baby bottles here' are placed in toilets.

In facilities where the Baby and Child Unit is activated, families with very young children do not go through the general registration process but are directed to the Baby and Child Unit for family registration. During the family registration process, immediate and longer-term childcare needs are identified with immediate needs met (e.g. baby needing a nappy change or feed) before further processing or support. The Baby and Child Unit is not a childcare facility or a replacement for medical support.

The Baby and Child Unit has since been fully integrated into multiple local government emergency plans in Alberta as part of any facility providing services to evacuated people, including evacuation centres and other emergency accommodation sites. A Baby and Child Unit kit, including instructions, paperwork, signage and resources is stored for fast deployment.



2 | Community Response Planning, NZ

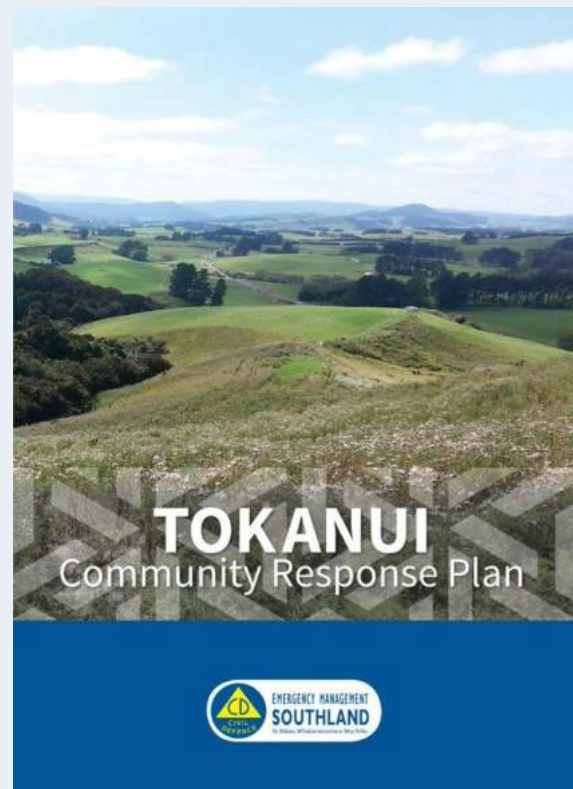
In New Zealand, government emergency planning is augmented by Community Response Planning. Community Response Planning recognises that community members are first responders in any disaster and that assistance provided in emergencies mostly comes from family, friends, neighbours, community groups, and churches etc. Community response plans are developed by community members and in the event of a disaster, are supported by government responses. Community Response Planning is viewed as beneficial because it empowers communities, creates community ownership, supports emergency services in times of overwhelm, creates realistic expectations, and strengthens community relationships and resilience.

The principle underlying Community Response Planning is that the best people to prepare for, respond to and support recovery from an emergency are those who know, understand and are part of that community. Community Response Planning is viewed as a means of ensuring that communities are as ready as possible for any emergency which may affect them and to empower local communities to look after each other. Community Response Planning is useful in emergencies recognised as such by governments as well as those not officially recognised outside of the community.

In Community Response Planning, communities consider the risks that they face and the assets they have and consider how they can use these assets and build on their strengths to support each other in an emergency. They think about the different groups in their community and what those groups might need in terms of support in different types of emergencies. Community members develop plans and resources to support those plans including checklists, role descriptions and instructions.

For example, each role in an evacuation centre would have a lanyard with a tag with the job title on one side and job description and instructions on the other. These plans are communicated to government organisations responsible for emergency management. Community Response Planning is considered particularly valuable for rural and isolated communities who may be cut off in disasters. Tokanui is a small rural community in Southland, New Zealand that experienced a flooding

emergency in 2022 requiring evacuation of many residents and tourists. Following their Community Response Plan, different evacuation venues were used for different groups; the general population went to the Rugby Club, the tourists to the Scout Hall and the families with very young children to the Plunket (child nurse) facility. Food and other supplies were helicoptered in by government civil defence and, in this manner, everyone was catered to based on what the community saw as being appropriate for them.



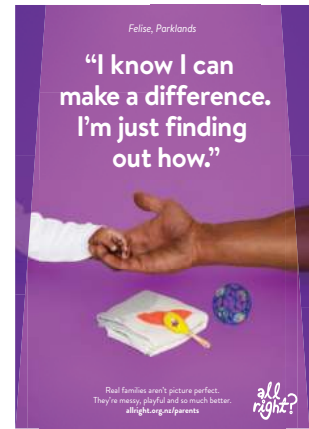
3 All Right and Sparklers, NZ

Research conducted in the years following the 2011 Christchurch Earthquakes found an inadvertent neglect of family life as the all-consuming nature of disaster recovery took all the attention of parents, to the detriment of children.

In response to this, the 'All Right' and 'Sparklers' social marketing campaigns were initiated by the Canterbury District Health Board and the Mental Health Foundation of New Zealand. The purpose of these programs included to remind parents of the importance of their caregiving role and to assist them to reengage with, and care for, their children.

A variety of resources were developed to assist parents in doing this. These included the 'Tiny Adventures' card set (now also an app) with the tag line, 'It only takes a minute to make a memory' and with cards to choose for 1, 5, 10, and 30 minute easy activities for parents to do with their child.

All Right and Sparklers also included resources to encourage parents to be kind to themselves and to help them feel good about their parenting. Underpinning the programs is a recognition that how well a child does during and after a disaster, is largely dependent on how well their parents do. Thus, resources were also available on protecting children from trauma during and after disasters, and on building resilience.



Conclusion

The BiBS study showed that the emergency response to very young children and their caregivers in Australia is inadequate.

Very young children and (predominantly) mothers, are bearing the brunt of this and are being exposed to avoidable risks.

Emergency responders are not being enabled by appropriate planning, training, or resourcing to support families with very young children in disasters.

In recovery, programs to support the parents of the very youngest children are largely absent

Action should be taken to ensure better support for the caregivers of very young children and their caregivers in emergencies.



References

- Biddle, N., Edwards, B., Herz, D., & Makkai, T. (2020). *Exposure and the impact on attitudes of the 2019–20 Australian Bushfires*. Canberra: Australian National University, Social Research Centre.
- Davie, S. (2013). *Don't Leave Me Alone: Protecting Children in Australian Disasters and Emergencies*. Melbourne: Save the Children.
- Gribble, K., Peterson, M., & Brown, D. (2019). Emergency preparedness for infant and young child feeding in emergencies (IYCF-E): an Australian audit of emergency plans and guidance. *BMC Public Health*, 19(1), 1278. doi:10.1186/s12889-019-7528-0
- Intergovernmental Panel on Climate Change. (2022). *Climate Change 2022: Impact, Adaptation and Vulnerability*. Cambridge: Cambridge University Press.
- Kouadio, I. K., Aljunid, S., Kamigaki, T., Hammad, K., & Oshitani, H. (2012). Infectious diseases following natural disasters: prevention and control measures. *Expert Review of Anti-infective Therapy*, 10(1), 95–104. doi:10.1586/eri.11.155
- Royal Commission into National Natural Disaster Arrangements. (2020). *Royal Commission into National Natural Disaster Arrangements Report*. Canberra: Commonwealth of Australia.
- Sammy, Z., Lori, P., & Samuel, D. B. (2008). Youth mortality by forces of nature. *Children, Youth and Environments*, 18(1), 371–388.
- UNISDR. (2015). *Sendai Framework for Disaster Risk Reduction 2015 – 2030*. Geneva: UNISDR.
- Wisner, B., Blaikie, P., Cannon, T., & Davis, I. (2004). *At Risk: Natural Hazards, People's Vulnerability and Disasters, 2nd edition*. London: Routledge.
- World Health Organization. (2009). *Infant and Young Child Feeding: Model Chapter for Textbooks for Medical Students and Allied Health Professionals*. Geneva: World Health Organization.



Australian
Breastfeeding
Association

WESTERN SYDNEY
UNIVERSITY

