

# CWANWG December 16 2021 Workshop



Children With Additional Needs  
Working Group

# Background

The BRRP will provide specific support services to families with children with additional needs, supporting the townships of Bairnsdale, Lakes Entrance, Orbost, Sarsfield, Buchan, Cann River and Mallacoota.

The BRRBP is running from 29 April 2021 to 1 August 2022 and is focussed on three key objective areas:

1. Build the capacity of parents and children with additional needs across East Gippsland
2. Map and document pathways for children/families in ways that are easy to understand
3. Improve feedback from children and families to improve supports and services.

The project has now been running for about 7 months. Monthly reporting occurs through a 'dashboard' and the Project Plan is updated monthly and presented to the members of the CWANWG and distributed through the minutes for those who are unable to attend.

**The purpose of the “Pause and Review” meeting with the CWANWG is to:**

- 1) Identify key themes and what we know so far
- 2) Capture the achievements of the project to date
- 3) Identify and flag potential projects and key gaps in funding with a view to prioritising grant proposals moving forward
- 4) Continue to share outcomes and findings with the CWANWG

# On the day...

Eight participants were in attendance on the day of the workshop which was facilitated by the BRRP Project Lead – Jodie Simpson.

Several members of the CWANWG were unable to attend the entire workshop, therefore adjustments were made to ensure the key outcomes were met. It should be noted that attendance was minimal or non-existent from key partners with little to no warning or being ‘too busy’.

An Acknowledgement of Country was given and a small activity was run as an ‘icebreaker’ for participants – to identify what is something that is common amongst the group.

Rachel Bell – Previous Chair (2015 – July 2021) provided a background context presentation and covered who is the CWANWG, how does it link with the bigger picture – the Five Year Strategy developed last year, the annual action plan and high level key achievements and acknowledgement of the Chair change to Don Stewart – Uniting (interim).

An **achievements board** was created to capture all the key highlights from the action plan and work done within the CWANWG.

Sensitive Santa	Proposal & funding- Recovery & resilience project HUGE! /Funding for project role	Meetings are rich in information
Connection between group	He Ho season!	Strategic connections- DAC
Info sessions Mallacoota- thin markets & NDIS	Getting too small/remote communities	Presentations to CWANWG
Promoting sessions on social media/coverage	Using various networks to share info (like GDAI support collecting stories for Royal Commission)	Voices of community- parents and service providers
Consultation with families- funding	Funding for OT sessions in Mallacoota & Cann River, including with medical and school staff	Getting service provider list and questions to ask
One stop shop- education/ school readiness info	Build connection	Been active and enthusiastic /found what’s available
Submissions to NDIS <ul style="list-style-type: none"> <li>- NDIS reform</li> <li>- Disability act</li> <li>- Price arrangements</li> <li>- Parks Victoria and Victorian Disability plan</li> </ul>	Link to Parks Victoria	Advocate
Network for voices and families	Create resources	Action plan evaluation

A small summary of the definitions between a strategy and action was delivered.

The BRRP was introduced with a series of highlights achieved to date (Appendix 1), a reminder of the outcomes of the project and the key outcomes of the interviews with Service Providers and Families in two separate tables outlining the key areas of feedback provided by these cohorts and themed. (Please refer to Attachment 1 and Attachment 2).

Individuals were given time to read through the information and make notes and comments on their observations. Tables were then invited to share their insights and observations at a high level.

The second activity involved individuals developing their own options/opportunities that may have been missing. Tables were then encouraged to talk about individual key opportunities (either existing or new) and present to the group a priority list of 5 from the table. These sets of priorities then informed a list of 10 which the group could individually prioritise.

**As a result, the following were identified as key priorities:**

- 1 Continue funding Bushfire Recovery and Resilience Role (5 votes)
- 2 Consultation/Audit Forum – Share evidence-based information collected (4 votes)
- 3 Actions and Emergency Response strategies to be implemented to support wellbeing during emergencies (combined with number 10 priority – Emergency Response Reform) (5 votes)
- 4 To have a process supported that designs a system of support for the future (1 vote)
- 5 NDIS – how to access, use it and thin markets (4 votes)
- 6 Diagnostic pathways (3 votes)
- 7 Department of Education and Training to improve inclusion and transition (1 vote)
- 8 Develop better communication methods (1 vote)

More in depth data to offside these priorities with a deeper dive into what may go into the priorities can be made available on request.

### **Recommendations:**

Note that the top two priorities are to maintain a presence of the Bushfire Recovery and Resilience Role and an Emergency Management Reform package using many of the opportunities as developed by families, service providers and members of the CWANWG.

The next top two priorities include the development of better NDIS understanding (4 votes) and sharing evidence collected as a part of the project to further include East Gippsland in a conversation about Emergency Management and how we can influence reform based on options/opportunities and who will lead that.

Core group of decision makers with an authorising environment to meet to discuss where to focus remainder of time with the BRRBP Role and smaller action-oriented outputs that can be achieved during the remainder of the time.

Core group of decision makers with an authorising environment work through what can/should be included in the CWANWG Annual Action Plan, what can be done by organisations as a part of their business as usual and what the structure of accountability should be. It is important to remember that the CWANWG is not resourced other than a facilitator (once a month) and a note taker for the minutes. Work in between meetings is often undertaken with very limited resourcing and goodwill by several volunteers. Any additional workload expected to be carried by the CWANWG members will need a further conversation about commitment to continue this work in the absence of any ongoing resources and adjustments made to ensure that members engagement is maintained at a sustainable level.

Review of the future review sessions to maximise participation. Consider timing (not so close to Christmas), comfort level of face-to-face meeting which may have been a factor for poor attendance although feedback was not received by participants stating this was the case.

Securing a commitment from organisations to review and planning sessions is important, as 'popping in/out of workshops' or being late without prior notice can be destabilising for facilitation outcomes and interruptive of participants committed to participating.

# Appendix 1

## Key highlights from the BRRP

Over 300 meetings held with families and organisations	2 support groups created (Mallacoota/Cann and Orbost)
Bespoke NDIS 101 training developed and delivered in Mallacoota	Valuable partnerships and linkages create across East Gippsland
14 Service Provider interviews delivered (with a further four declined)	Over 400 Person-centered Emergency Planning Books delivered throughout East Gippsland
Social media presence signposting webinars/workshops to help families	Connections with Moogji, Lake Tyers Aboriginal Trust and BRV Cultural Healing Team
2 families referred to the Royal Commission into Disability	Support Worker Model created in Mallacoota
10 family stories collected	One stop School shop created and distributed through a network of 1000 across East Gippsland
Sensitive <u>santa</u> – 12 <u>face</u> to face and up to 6 on zoom across East Gippsland (de-brief to be conducted)	Continued talks with emergency managers for social stories (planned burning)
Still to be undertaken	
Diagnostic Pathways	Vulnerable Person's Register
PCEP training for parents/carers	NDIS Training Rollout which meets the needs of community (Buchan is next)
Online presence formalised	Feedback MOU between service providers and families

## Appendix 2 – Tables outlining family/carers with CWAWNG additions

\*NOTE – 10 families throughout East Gippsland have shared their experiences. This information has been collected at a point in time (from May until December 2021). Other surveys may still be undertaken depending on level of interest. Survey collection will be closed from 15 February 2022 to enable final report to be written. Key themes have been taken from the collection of stories and surveys. Options/opportunities highlighted in yellow are responses that have come from both families and service providers. Those in green are from families themselves. Those in grey have been added because of the CWANWG Workshop held on 16 December 2021. One comment made was to “Ask and Don’t Tell” when working with families. There needs to be a consistency of approach throughout.

Issue	Challenge	Options/Opportunities
Fires	<p>*Most families confirmed that no service providers reached out to them to see how the family/child were going and that service ceased through the period</p> <p>*All families had different experiences. Some chose to stay to keep family in routine, some evacuated.</p> <p>*At least one family who evacuated were advised their home burnt later to be told it hadn't</p> <p>*Some recovery activities were run but were not 'inclusive' events and required the parent to stay or have a support worker support the child. Some children missed opportunities to engage.</p> <p>*Many families reported a change in children's behaviours however pathways to specialist counselling were unavailable or not asked for.</p>	<p>*Better communication by service providers (also picked up in service provider outcomes) Include things like website/social media/communication/resources</p> <p>*Work up case studies for those that stayed and those that chose to leave. What worked well? Access to Person-centered Emergency planning for parents/carers</p> <p>*Engage community services in emergency response</p> <p>*Better systems at place by emergency responders to keep families informed if they chose to evacuate</p> <p>*Ensuring all recovery programs are inclusive and are equipped with disability support workers to ensure inclusive practices for children with additional needs. Recovery centres and emergency responders to do training – is there a position to support?</p> <p>*Trauma and counselling to take into consideration children with additional needs including those who may be non-verbal Counselling to be offered as a family unit, not just individual Easier pathways – how can existing provider be resourced to do this?</p>

Issue	Challenge	Options/Opportunities
	<p>*Case workers assigned to families through recovery did not have a disability background and therefore the right supports were either unavailable or it was easier for the families to do it by themselves.</p> <p>Fire refuge areas and relief centres require better supports for families who have children with additional needs.</p> <p>I. Safety of children in large relief centres was a concern</p> <p>II. Messaging of emergency personnel located at fire refuge areas and relief centres caused panic</p> <p>III. Better access to advocates/qualified people</p>	<p>Somewhere to move families to temp accommodation while receiving counselling</p> <p>*Case workers working with families/carers who have children with additional needs have experience in disability, including pathways to services and trauma counselling. When in attendance, have a Disability Support worker to help with the children while discussing issues with families/carers. Access to Disability Advocates at all times Gippsland Disability Advocate resourced before, during and after emergencies Improve intake to include information about needs Call local case managers to assist who have already been working with families</p> <p>*Designated safe zones for children with additional needs if child/ren are required to stay as a result of the emergency Spaces and tools to assist – what is there for children – sensory items to be supplied? Ability to go to 'safe' relief centres if family have safety concerns with ex-partners etc</p> <p>*Calmer conversations with those who are at evacuation points with local responders rather than those from out of town Training of staff including defence forces</p> <p>*Financial resources and entry given to advocates or people with better knowledge to work in relief centres Funding for Gippsland Disability Advocacy group</p>

## Appendix 2 – Tables outlining family/carers with CWAWNG additions

Issue	Challenge	Options/Opportunities
	IV. Access to appropriate accommodation for families with children with additional needs	*Carers Victoria – Bring this organisation into the conversation as a partner of emergency management *Government to offset costs of accommodation if families must stay in motels due to their children's additional needs. Have funding available for evacuation.
	V. Access to social stories/sensory tools	*Creation of a suite of tools that can be used to help families/carers help their child/ren Website to house location in communities where they can be accessed
	VI. Difficult to see emergency responders moving in and out of community with no options for families to leave	*Better communication with community about egress and access. Continue to engage with communities and manage perceptions
	VII. Some evacuation refuge areas were not appropriate for the need.	*Relief centres/refuge areas to be purpose built and safe
	VIII. Relief centres to have animals away from area. This can be seen as a blocker for some families as children have ultra-focussed attention which may cause the child or the animal harm	*Safe areas for children to be away from animals. *Safe spaces and more training
	IX. Families with additional needs children felt disempowered when attending relief centres.	*Relief centres to have the right supports (not necessarily well-meaning volunteers or staff who do not respond well to high pressured environments) available for families with additional needs children. A complete re-think of the way relief centres is run and are accessible is needed. *Having access to advocates at relief centres to help families in need
	*Supports by organisations appeared to be inconsistent. Perceptions that those on 'lists' were well looked after with grants/supports while others who may have missed having their names registered for opportunities may have received no supports	*Pathways to supports are clear and transparent. Databases that are collecting information to be used once to tell a family story. Opting in or out to be done as a part of collecting initial information by service providers/organisations working with families Safe spaces and training. Service providers paid to support family and if possible, backups in place

Issue	Challenge	Options/Opportunities
	*Families were asked too soon about their needs. Money spent on things that organisations thought were the right things, but families said they were not relevant.	*Have a process where communities set priorities rather than organisations vying for funding for recovery, particularly on longer term recovery. Stagger funding opportunities as immediate/medium/long term
Community	*There is a stigma attached to having children with additional needs which leaves families and children isolated	*Have more inclusive activities for their children to be engaged Training in Uni's and TAFES
Early Childhood Education/School	*School is hard to navigate, particularly regarding transitions (kinder to school, between grades, school to year 7, educational supports, reasonable adjustments, funding, diagnostic pathways)	*More conversations between teachers as the child/ren transition *More understanding of how to navigate the government school system *More conversations between early childhood and schools *Better support for teachers to help integrate children with additional needs into mainstream schooling, particularly in Far East Gippsland *Investigate an 'annexation' of the Bairnsdale Specialist School in Far East Gippsland *Create a document to help empower parents to have different conversations with schools (completed) *Schools accept child diagnosis and supports required. Work with DET on a project to develop working involving parents
NDIS	*Good support from a Commonwealth bus that was available through recovery efforts  *Local Area Coordinators (LAC) did not truly understand the impact of the fires on families and their children  *LACs were disrespectful to parents and encouraged them to 'move closer to supports'  *Misunderstanding of NDIS plans and how to use them (including choice and control)	*Continue efforts for bus to be available, particularly after recovery.  *Better understanding and education of affects of the fire and limited options moving into covid for underspending plans.  *Better understanding of feedback channels for NDIS participants and empowering families to lodge complaints  *Training by NDIS Community Engagement team to work with communities to help them understand (feedback provided)



## Appendix 2 – Tables outlining family/carer with CWAWNG additions

Issue	Challenge	Options/Opportunities
	*Support not available in small communities (due to removal of allied health specialists) and waitlists are extensive.	<p>*Compliment with bespoke training for communities (begun in December 2021)</p> <p>*Signpost families to other online training/webinars</p> <p>*More services to head to towns.</p> <p>*Better outreach services from bigger organisations</p> <p>*Better collaboration between organisations to increase participation from families</p> <p>*Service Provider list and associated information up to date and circulated</p> <p>How to have an ongoing requirement/focus on organisations that have been funded for EG but have clearly not delivered</p>
Diagnostic Pathways	*Frustration is experienced with long wait times for diagnostic pathways for children. Little to no services while on the waitlist and inconsistent messaging	<p>*Better connection/referrals between organisations so families understand their choices</p> <p>*A graphic representation of diagnostic pathways to be distributed to families (started)</p> <p>*Applications for grants (using allied health professionals) to assist families with strategies. Referrals for children under 6 to ECEI stream.</p> <p>*Understanding of who pays for what including schools, parents, NDIS, private, Medicare etc</p>
Vulnerable Person's Register	More work is to be done on the VPR and how it may be applied to families who have children with additional needs. It is a complex system that appears to have gaps.	*Make recommendations to further investigate as a separate project
Social media (author observation)	Families like to be engaged through different mediums including social media, newsletters, texts, workshops and 1:1 meetings to help build capacity	<p>*Continue highlighting online webinars and training to families across East Gippsland</p> <p>*Undertake a social media analysis of impact</p> <p>Create a website to house all information</p> <p>Social media page for emergency for families with children with additional needs</p>

## Appendix 3 – Tables outlining Service Providers/Organisations with CWANWG additions

\*NOTE – 14 Service Providers throughout East Gippsland have participated in the collection of information. Two Service Providers have declined the offer to participate. This information has been collected at a point in time (December 2021). Other surveys may still be undertaken depending on level of interest. Survey collection will be closed from 15 February 2022.

Table was distributed to the CWANWG on 16 December 2021 as a part of a workshop to identify further options/opportunities, who might be responsible and what the priority might be. All new additions from the CWANWG group and added because of the CWANWG Workshop on 16 December 2021 have been highlighted in grey.

Issue	Challenge	Options/Opportunities
Fires/Covid	<ul style="list-style-type: none"> <li>*Families disengaged</li> <li>*Business models disrupted</li> <li>*Service delivery disrupted</li> <li>*Some services grew</li> <li>*Families found it difficult to engage in an online platform</li> <li>*Staff loss because of the fires</li> <li>*Need staff on the ground immediately after fires to manage influx of referrals.</li> </ul>	<ul style="list-style-type: none"> <li>*Activity packs delivered directly to participants and their families</li> <li>*Online telehealth</li> <li>*f2f where could</li> <li>*Phone calls</li> <li>*Use of existing contacts in the community to connect – but need community leaders to help</li> <li>*Worked with families on their needs over last 18 months</li> <li>*Work at some relief centres were invited</li> <li>*Newsletters</li> <li>*Continue to promote the Person-centered Emergency Planning (PCEP) process to help families prepare for emergency responses</li> <li>*Relief centres are poorly equipped – we need to do more to help them cater for the minority</li> <li>*Have allied health staff act as “consultants” to assist emergency response. This shouldn’t be on a volunteer basis.</li> <li>*Produce ‘evacuation packs’ to help manage prepare families</li> <li>*Share resources across community – everyone should have the same information and use it.</li> <li>*Build capacity of emergency services to improve their language to be more inclusive.</li> </ul>

Issue	Challenge	Options/Opportunities
		<ul style="list-style-type: none"> <li>*Billeted accommodation is needed to help families/carers with additional needs children (there were people wanting to offer but there was no way to do so)</li> <li>*Everyone needs to understand the rights of the child and their diversity of needs</li> <li>*Creation of social stories, sensory resources in evacuation/relief/emergency centres (Birdie and the fire stories)</li> <li>*Stronger communication to help families know who to call if they need help. Often this is set up after a disaster and it's too late. Need better advanced planning and it made public to members of the community</li> <li>*Mobilise government services to better support children with additional needs. Ensure the channelling of funding is commensurate with the need by organisations and not for profits. (Local community service organisations)</li> <li>*More funding to implement the PCEP model</li> <li>*Community websites/letters</li> <li>*Work with EGSC</li> <li>*More training</li> <li>*Talk to EGSC Recovery/Response Emergency Management Committee and BRV/IGEM about what can be put in place</li> <li>*EGSC membership for crisis response champions from sectors that support all aspects of family support</li> <li>*Vulnerable Persons Register relevance and importance (and up to date)</li> <li>*Evacuation Centres – include expertise from community service orgs (local ones)</li> <li>*Find a place to stay – how could local families/nearby be engaged to offer suitable accommodation</li> <li>Case management Response – use specialist knowledge that exists. Harness all local expertise available. Not bring in staff without local knowledge across local organisations</li> </ul>

## Appendix 3 – Tables outlining Service Providers/Organisations with CWAUNG additions

Issue	Challenge	Options/Opportunities
		*Better local community services expertise engaged with emergency response.
Communication	<ul style="list-style-type: none"> <li>*Service Providers and families had to pivot to online platforms</li> <li>*Some families don't have equipment or knowledge to be online</li> <li>*Communication issues – internet availability in rural/remote areas</li> <li>*Acknowledgement that communication with families could have been done better, especially through fires</li> <li>*Some families increased engagement to keep connected</li> <li>*Being bound by confidentiality can be difficult to grow and share experiences</li> </ul>	<ul style="list-style-type: none"> <li>*Step by step guidelines to manage online appointments for families</li> <li>*Wait until families are ready</li> <li>*Clarify any confusion on when f2f could resume</li> <li>*Newsletters</li> <li>*Better training more broadly for community for online appointments</li> <li>*Better connectivity in rural/remote areas</li> <li>*Stop fixing and ask community what would be most helpful</li> <li>*Prepare a 'recipe' book of how to work with each community – who are the leaders, how to gain entry, what to do/not to do. This will help community engagement.</li> <li>*We need to listen more – if we are not listening, what are we doing here?</li> <li>*Identify a support process for families – NDIS and non-NDIS participants.</li> <li>*Raise issues with local members and EGSC/IGEM</li> <li>*Families should not have to share story repeatedly to access funding. The back end should work better.</li> <li>*Infrastructure upgrade repairs? Done?</li> </ul>
Continuity of service delivery	<ul style="list-style-type: none"> <li>*Waiting for the right time to help. Some were not ready to be helped, and that's ok. Not one size fits all.</li> <li>*Business was directly impacted so service delivery was hard.</li> <li>*Some staff and managers struggled with trauma of events</li> </ul>	<ul style="list-style-type: none"> <li>*Need to have better options for services outside region to swing in and help (Allied health) (but helped with local needs)</li> <li>*Need for organisations within the region to enable others from outside to help. No help available was to the detriment of families. Its ok to let others in</li> <li>*A community of practice (locally) established by Service Providers to identify the needs of families and organisations through emergency response</li> </ul>

Issue	Challenge	Options/Opportunities
		<ul style="list-style-type: none"> <li>*Better clarity of the rules through covid – some families missed out on therapies due to keeping children out because they thought they had to.</li> <li>*Better coordination between government and private operators. Many therapists have missed what communities may need. Better partnerships (through availability in meetings or even distribution of minutes and agendas– and paid for therapist's time, may take the pressure off organisations)</li> <li>*Social media – wasn't a huge uptake on private business pages. Are there any other options? (It takes consistent effort by a bunch of people to increase social media presence)</li> <li>*Better training offered for small business to help business owners address their own trauma and further support for their staff</li> <li>*Education could be more open to having allied health therapists working with schools to help</li> <li>*Identify who can represent families in Emergency Management Planning for Response and Recovery</li> </ul>
Grants	<ul style="list-style-type: none"> <li>*Not representative of community need</li> <li>*No access to grants as a business which made operating difficult in COVID due to rigid rules</li> <li>*</li> </ul>	<ul style="list-style-type: none"> <li>*Need to work better together and not in silos for grant applications</li> <li>*Government to wait longer so the need for bigger projects (more money) is clearer</li> <li>*Organisations (particularly statewide based) to acknowledge advice from regional staff</li> <li>*Local feedback about who and how support is delivered</li> </ul>
Advocacy	<ul style="list-style-type: none"> <li>*Access is very limited and advice, particularly for those living with a disability or being cared for is under acknowledged.</li> </ul>	<ul style="list-style-type: none"> <li>*Better access to relief and evacuation centres through emergency response</li> <li>*Better and more consistent funding for advocacy agencies through emergency relief and recovery</li> </ul>
Donations	<ul style="list-style-type: none"> <li>*Distribution was very difficult</li> <li>*Holding large volumes of donated goods.</li> <li>*Not consistent in approach for who needed what</li> </ul>	<ul style="list-style-type: none"> <li>*Better coordination for distribution and storage</li> </ul>

## Appendix 3 – Tables outlining Service Providers/Organisations with CWAUNG additions

Issue	Challenge	Options/Opportunities
NDIS	<ul style="list-style-type: none"> <li>*Funding ran out quickly for some families</li> <li>*Some providers have undertaken activities outside scope of what they were there to do</li> <li>*Introduction of the NDIS has taken allied health providers away from therapy – tied now up in writing 'reports' all the time.</li> <li>*Some providers are now too motivated by money</li> <li>*How do we continue to help those that are not affiliated with the NDIS</li> </ul>	<ul style="list-style-type: none"> <li>*More advice to families about choice and control</li> <li>*More support for families regarding making a complaint to the NDIS Quality and Safeguards Commission</li> <li>*More support by the NDIS to help families understand their plans (through training)</li> <li>*Ensure there is good communication out in community to help people access services equally, particularly those who are not eligible for the NDIS. Service providers can be clearer on who can help, particularly in smaller communities</li> <li>*Cost of services to be monitored</li> </ul>
Thin Markets	<ul style="list-style-type: none"> <li>*Not enough competition and incentives to start up a business</li> <li>*Need to understand business blockers</li> <li>*Need more opportunity to train country people.</li> <li>*Possible blockages occurring in small communities due to embedded services not allowing outsiders in</li> <li>*Equal pay. There appears to be a disparity between pay rates.</li> <li>*Children are falling through the cracks</li> <li>*Recruitment</li> <li>*Higher turnover of staff in the public service because the NDIS earns higher money</li> </ul>	<ul style="list-style-type: none"> <li>*Work more with Government to help understand the needs and employment gaps. Help to start up a business</li> <li>*Be more creative about accommodation, market towns so people moving into the region know what they are getting (peer support, community activities, what's on, local social media pages, sports, theatre etc)</li> <li>*Ensure universities/tafe offer more online courses to keep people here in their homes, including training opportunities. We can target ex-teachers or others who have an interest, but we need the education behind them to be offered locally or online so families don't have to move.</li> <li>*Local PHN to do more with 'developmental medicine' given they are only primary health. More focus on allied health as well.</li> <li>*Provide more confidence to families for 'choice and control' so families know they can look for alternatives rather than staying with the 'norm'</li> <li>*Better pathways between school leavers – sponsor accommodation for school leavers to come back for a period through their course. More scholarships</li> <li>*Encourage universities to continue to promote regions as a viable pathway for employment, including private practice.</li> </ul>

Issue	Challenge	Options/Opportunities
		<ul style="list-style-type: none"> <li>*Promote allied health therapists as pathways for people like ex-teachers.</li> <li>*Develop a stronger support workforce in communities to help families/carers better</li> <li>*Need a better aligned recruitment strategy/gaps analysis to better look holistically and systematically at the need to pinpoint recruitment efforts in a collaboratively way (partnership between government and private sector)</li> <li>*Better engagement of students</li> </ul>
Other key observations	<ul style="list-style-type: none"> <li>*Support at times was very disjointed and not collaborative by organisations</li> <li>*Not enough being done to support families through any system.</li> <li>*Bushfire Recovery and Resilience role has been a positive addition to the community</li> <li>*Not enough community engagement</li> <li>*Vulnerable Persons Register. What does it mean to this project and to us?</li> <li>*Acknowledgement that there is a heightened state of children and families in the East Gippsland Region. It is a concern. The ongoing challenges of COVID has been huge on families – much greater than others from across Gippsland.</li> </ul>	<ul style="list-style-type: none"> <li>*More collaboration between private and government sectors, especially to reduce fatigue and burden on families</li> <li>*Essential worker definition to be broadened so that more families are helped. Very difficult to work with someone over the phone to fill out forms if they have a disability</li> <li>*More case managers working with families to help them walk through the system to get the help they need. This is often being done by allied health therapists which takes them away from doing their job – therapy.</li> <li>*Continue funding Bushfire Recovery and Resilience Role to help continue to find pathways for local communities</li> <li>*Continue to do a reflection piece – what has worked well, what have we learned so we don't do the same thing during the next event.</li> <li>*More work to help understand Vulnerable Person's Register and strengthen communication about its use and need</li> <li>*Relief centres – need to identify more avenues for help (Accommodation, support/child friendly spaces). Needs to be flexible (AVO example)</li> <li>*2 families with additional needs had to move to different evacuation points</li> </ul>

## Appendix 3 – Tables outlining Service Providers/Organisations with CWAWSNG additions

Issue	Challenge	Options/Opportunities
		<p>*Intake process needs improving (nothing about family needs or children. Can match staff knowledge/skills with needs of people in the community.</p> <p>*Case workers with some knowledge/background in disability is needed.</p> <p>One participant wrote: Both documents are detailed evidence based of systemic strengths and limitations. This information needs to be used to inform a case for systemic review of systemic responses to emergencies (e.g. – specific focus by Vic review? – Specific focus for NDIS review. Might be assisted if these documents were presented as an "independent community audit" of the bushfire response as an example of wider systemic failure and of experiences which will be repeated unless the failures are addressed.</p>

Issue	Challenge	Options/Opportunities
		<p>*Promote allied health therapists as pathways for people like ex-teachers.</p> <p>*Develop a stronger support workforce in communities to help families/carers better</p> <p>*Need a better aligned recruitment strategy/gaps analysis to better look holistically and systematically at the need to pinpoint recruitment efforts in a collaboratively way (partnership between government and private sector)</p> <p>*Better engagement of students</p>
Other key observations	<p>*Support at times was very disjointed and not collaborative by organisations</p> <p>*Not enough being done to support families through any system.</p> <p>*Bushfire Recovery and Resilience role has been a positive addition to the community</p> <p>*Not enough community engagement</p> <p>*Vulnerable Persons Register. What does it mean to this project and to us?</p> <p>*Acknowledgement that there is a heightened state of children and families in the East Gippsland Region. It is a concern. The ongoing challenges of COVID has been huge on families – much greater than others from across Gippsland.</p>	<p>*More collaboration between private and government sectors, especially to reduce fatigue and burden on families</p> <p>*Essential worker definition to be broadened so that more families are helped. Very difficult to work with someone over the phone to fill out forms if they have a disability</p> <p>*More case managers working with families to help them walk through the system to get the help they need. This is often being done by allied health therapists which takes them away from doing their job – therapy.</p> <p>*Continue funding Bushfire Recovery and Resilience Role to help continue to find pathways for local communities</p> <p>*Continue to do a reflection piece – what has worked well, what have we learned so we don't do the same thing during the next event.</p> <p>*More work to help understand Vulnerable Person's Register and strengthen communication about its use and need</p> <p>*Relief centres – need to identify more avenues for help (Accommodation, support/child friendly spaces). Needs to be flexible (AVO example)</p> <p>*2 families with additional needs had to move to different evacuation points</p>

CWANWG Table 1 – Consideration of priorities

Priority Number.	Service Provider or Family Table?	Under which them should the option/opportunity fall?	Priority? (To be written as action statement)	Who?
1.	Both	Provider  Other key observations	Continue bushfire recovery and resilience Role	Uniting/Cfc
2.	Both	Service Providers  (fire)	Consultation/Audit Forum Share evidence-based information	CWANWG
3.	Both	Service Providers/Families  Fire/Emergency Response	<p>Actions and Emergency Based strategies to be implemented to support wellbeing during emergencies (through agencies responsive to relief centres)</p> <ul style="list-style-type: none"> <li>• Fire Refuges (Andrew Gowland – Parent)</li> <li>• An Allied Health professional onsite vetting families at door (Disabled members)</li> <li>• Option of these families to move into a motel room (you can tell the motel owners – <u>its</u> an emergency)</li> <li>• Animals and owners separated from others – also quiet areas created for children with additional needs</li> <li>• Appropriately qualified and experienced volunteers to assist people in relief centres</li> <li>• Possible register of homeowners/renters who are willing to provide beds in a crisis.</li> </ul>	CWANWG and BRRP Role
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CWANWG Table 2 – Consideration of priorities

Priority Number.	Service Provider or Family Table?	Under which them should the option/opportunity fall?	Priority? (to be written as action statement)	Who?
1.	Family	Fires	<p>To have a process supported that designs a system of support for the future (inclusive training for anyone in response and recovery)</p> <p>Support for the future. A way to harness existing service providers with expertise (Families nominate who will be their support person/agency – private/public – on NDIS plan or not). Community of practice, people with expertise already onsite.</p>	<p>BRV + Families</p> <p>Service provider alliance/collective for children + YP</p> <p>EGSC Recovery and Response Committee</p> <p>IGEM</p>
2.	Family	NDIS	How to access it, use it and addressing thin markets	
3.	Family	NDIS	Diagnostic Pathways – Support before the NDIS	NDIS reps Service Providers – GLCH, Uniting, LCHS
4.	Family	Early Childhood/Education/School	DET project for improving inclusion and transition	DET Parents Hippy/Uniting
5.	Family	Communication/Vulnerable Persons	<p>Develop communication methods – website, social media</p> <p>Includes social stories and other things (Birdie and the fire)</p> <p>One spot for everything – App for emergencies/QR codes – Multiple modes - paper</p>	<p>EGSC Emergency services CWANWG Cfc + YP Centrelink</p> <p>(Alliance)?</p>