Hidden Voices:

Exploring the Unseen Impact of Emergency Service Work on the Children of Victoria's First Responders

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Contributions

Megan Caten

Was the primary author of literature review sections that analyzed the impacts of emergency service work on workers, the mental health of emergency service workers, and a brief inquiry as to the effects of emergency service work on family dynamics. Megan also made large contributions to the results section, methodology, and introduction.

Aiden Deady

Was the primary author of the Ways Parents can Support their Children section, that analyzed what parents can do at home to improve their child's wellbeing. He also worked extensively on the Results section, specifically the Recommendations section. Aiden also made contributions to the revision and editing of the paper throughout.

George Love
Made major contributions to the results section, specifically portions regarding support and recommendations. George also made contributions to the background and methods section.

Elizabeth Minor
Elizabeth authored professional resources section of literature review. She also made contributions to the methodology and results sections of the booklet.

Abstract

This project aimed to identify how the nature of emergency service work in the Victorian emergency management sector may inadvertently impact children of emergency service workers and to suggest effective support options to improve their wellbeing. Six focus groups with twenty-three children of emergency service workers from across Victoria were run to gain insight into these children's experiences and any support options they recommend. Eight interviews with a variety of sector organization leaders, academic experts, WorkCover agents, and mental health professionals were conducted to get an idea of what is currently being done to help the children of emergency service workers. Findings were shared through a comprehensive report containing recommendations. A video highlighting the lived experiences of these children was created to bring awareness to the unique challenges children of emergency service workers face.

Table of Contents

INTRODUCTION

Emergency service workers include police, fire, medical, and other rapid response personnel who help maintain the health and safety of communities globally. In recent years, the contributions these workers make, the obstacles they face, and the work's inherent effects on these individuals have been at the forefront of public attention worldwide (Beyond Blue Ltd., 2020; ESF, 2023).

Due to the **unpredictable and intensive nature of their work**, many emergency service workers have to make sacrifices in their personal lives in order to effectively respond to emergencies as they arise. This is especially true of volunteers, who often have to balance emergency service work responsibilities while upholding full-time jobs (Social Security Administration, 2022).

Furthermore, emergency service workers are often subject to stressful working conditions, including witnessing traumatic situations, dealing with interpersonal conflict, and facing personal danger (Safe Work Australia, 2015). These factors may negatively affect a worker's well-being, leading to mental health injury in some cases (Kyron, 2022). In Australia alone, 40% of full-time emergency service workers and 33% of volunteers report receiving a mental health diagnosis (Beyond Blue Ltd., 2020).

Aside from the effects of emergency service work on workers, research demonstrates that the **stressors mentioned above may also have adverse impacts on ESWs' home life, especially regarding family dynamics.** For instance, family

members may have to cope with an emergency service worker's absence during crises, may worry persistently about the safety/well-being of the worker, and may have to cope with feelings of emotional withdrawal experienced by the worker (Sharp et al., 2022). In certain instances, children of these workers may also experience the negative impact of their parent's absence during significant events, a disruption in their social life, and confusion and worry regarding their parent's circumstances (Chen et al., 2022; Sharp et al., 2022; Helfers, Reynolds, & Scott, 2021).

One organization that has researched these issues is the Emergency Services Foundation (ESF), an Australian non-profit working with 14 member agencies in the Victorian emergency management sector. The organization's primary focus is on supporting the well-being of these agencies' 139,000 volunteers and paid staff (ESF, 2022).

In recent years, ESF has investigated ways to support the families of emergency service workers and has now turned its attention to children specifically, recognizing that **children are at increased risk of indirectly being impacted by their parents' emergency service work.** Working with the ESF, our goal in this project was to learn about the impacts emergency service work can have on the well-being of children of emergency service workers, and to identify strategies to help these children. We partnered with the Emergency Services Foundation to complete four primary objectives (Figure 1).

OBJECTIVES

1 **Learn** the types of **experiences children of ESWs have** had regarding their parents' occupation

2 **Identify what children would find useful** in terms of support

3 **Bring attention** to the experiences of these children and the **need for action** through persuasive media

4 Provide **recommendations for support options**

Figure 1: *Project Objectives*

BACKGROUND

Emergency service work can involve many occupational stressors, including frequent exposure to traumatic situations and high levels of stress. This can have a negative effect on the mental health of these workers and indirectly affect their families. In what follows, we describe the nature of emergency service work, how it impacts the workers themselves, and what the literature tells us about the parental impact on families and children. We end by identifying the types of strategies and programs that may be used to help children of parents who work in stressful jobs.

Understanding Emergency Service Work and its Impacts on First Responders

Emergency service workers, often termed "first responders," include, but are not limited to, firefighters, police officers, emergency medical technicians (EMTs), and paramedics (Australian First Responder Foundation, n.d.). The Parliament of Australia has described first responders as "highly skilled men and women who deliver the initial response in emergency situations, interacting with people and the forces of nature in extreme circumstances" (n.d.). As of 2021 (Figure 2) of 2021, emergency service workers comprised of over 240,000 volunteers and

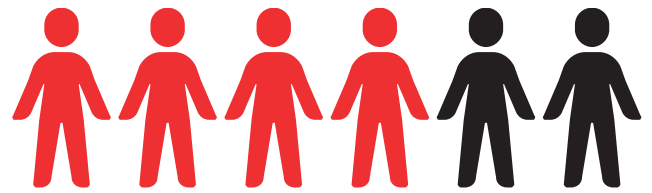120,000 full-time workers in Australia (Lawrence et al., 2021) (Figure 2).

Figure 2: 4 out of 6 *emergency service workers in Australia are volunteers*

The demands of emergency service work

Emergency service work is widely regarded as labor-intensive. Research suggests that those who fulfill emergency service roles often face physical demands (Gledhill & Jamnik, 1992) as well as intense work schedules. According to the Australian Bureau of Statistics (Figure 3), full-time first responders in Australia typically work 25% more hours per week than the all-jobs average (2016). In addition to long work hours, volunteers and those who participate in on-call duties face work schedules that are unpredictable (Australian Bureau of Statistics, 2018). These demands are often exacerbated in the event of a natural disaster. For example, in the context of the 2019-2020 bushfires, the emergency service sector was mobilized en masse, which led to 72% of employees and 73% of volunteers being called away from home for at least one night to combat the flames (Rikkers et al., 2021).

Positive and negative impacts on emergency service workers

Given the significant role emergency
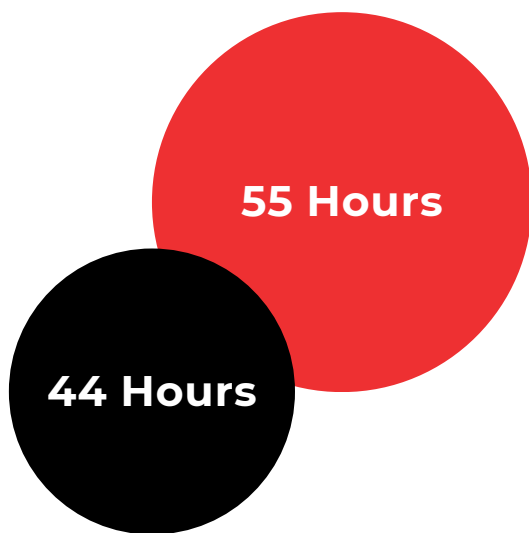
55 Hours

44 Hours

Figure 3: Emergency Service Workers work about 55 hours per week compared to the 44 hour work week of the average Australian (Australian Bureau of Statistics, 2016)

service workers play in the communities they protect, it is no surprise that many find their work incredibly rewarding and fulfilling in spite of the unique obstacles that they face. Many emergency service workers are motivated by "compassion satisfaction," or feelings of pleasure that arise from helping others (Chen et al., 2022). In addition, these workers also report that their work gives them a strong sense of community and belonging (Pieatroni and Prati, 2008).

While emergency service work is generally considered a rewarding occupation, it also has drawbacks, one of which is potential risk to mental health (Kyron, 2022). Recent research on occupational stressors in these professions suggests that two primary factors shape the mental well-being of emergency service workers: frequent exposure to trauma and elevated stress levels (Beyond Blue Ltd., 2020; Safe Work Australia, 2015).

As previously mentioned, emergency service workers are often subject to life-threatening and traumatizing situations including death, injury, violence, and destruction caused by natural disasters (Substance Abuse and Mental Health Services Administration, 2018). Firefighters' repeated trauma exposure is associated with negative mental health implications, including possible aggravation of underlying mental illness (Jahnke et al., 2016). Behaviorally speaking, the effects of repeated exposure include desensitization, irritability, and even flashbacks (Jahnke et al., 2016). In addition, frequent trauma exposure is ultimately linked to post-traumatic stress disorder (PTSD), anxiety, and depression (Counson et al., 2019). The effects of repeated trauma exposure are summarized in Figure 4.

Traumatic Situations
Death, Injury, Violence

Changes in Mood
Desensitization, Irritability, Flashbacks

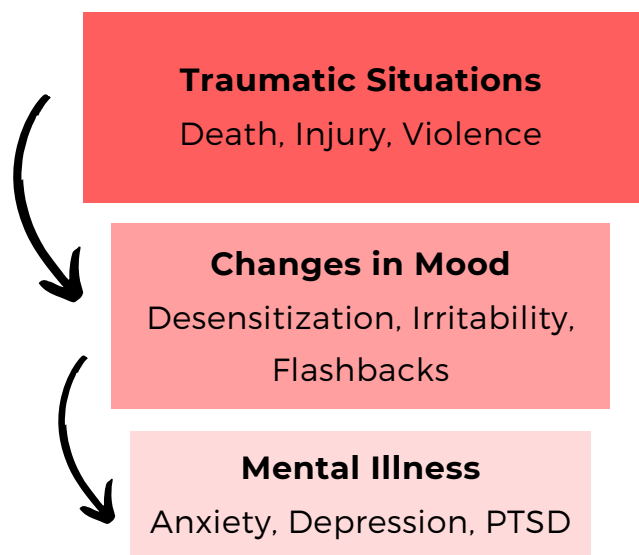**Mental Illness**
Anxiety, Depression, PTSD

Figure 4: Short-term and long-term effects of repeated trauma exposure in firefighters (Counson et al., 2019; Jahnke et al., 2016)

Occupational stress is much higher among emergency service workers than in other professions. In fact, as

many as one-third of those in emergency service roles experience high or very high psychological distress as a direct result of their occupation (Beyond Blue Ltd., 2020; Safe Work Australia, 2015; Kyron, 2021). As previously mentioned, emergency service workers are often subject to above-average work weeks and irregular work patterns. Research maintains that on-call working styles may be damaging to an emergency service worker's well-being. This type of work schedule is often advertised as "flexible" when, in actuality, it results in excess stress, irritation, negative mood, and a poor work/life balance (Bamberg, 2012; Costa, 2009). This is especially relevant among volunteer emergency service workers, as they often have to balance emergency service duties in conjunction with the responsibilities of a full-time job.

The culmination of the stressors listed above may explain why diagnosis rates for mental health disorders are much higher among emergency service workers than in the general population. In fact, a study by WorkSafe Victoria found that, as at February 2022, "24% of all mental injury claims were from emergency services employers" (Radford, 2022).

Understanding how Children May be Impacted

Research has consistently shown that children are very impressionable and vulnerable during childhood and adolescence; their environment plays a critical role in how they develop. Parents play an especially critical role, as the bond formed in childhood between parent and child provides a

basis for the child's cognitive, emotional, and mental growth (ParentingNI, 2018). A strong parent-child relationship can have a variety of benefits for children's overall health such as regulating emotions better during stressful situations, allowing for a better chance of developing happy and content relationships with others, and healthy social, cognitive, and motivational development. When the relationship between a parent and child is disrupted, the child's development can be harmed, even in seemingly minor ways. At the extreme end, a dysfunctional relationship could result in psychological challenges for these children in later years.

Demanding and unpredictable schedules may reduce the amount of time emergency service worker parents can spend at home

Balancing work, one's mental health, and a child's well-being may be especially challenging for emergency service workers who experience high levels of stress, long work hours, and unpredictable schedules (Chen et al., 2022). Demanding and unpredictable schedules may reduce the amount of time emergency service worker parents can spend at home. Apart from long shifts that are common in emergency service work, parental

absence can be prolonged during extended periods of emergency response, as seen during the 2019-2020 bushfires in Australia. As a result of the fires, emergency service employees and volunteers spent on average 14 nights and 9 nights away from home, respectively (Rikkers et al., 2021). These parents may sometimes need to be absent for important events in their children's lives, such as birthdays, sporting events, or recitals, due to work commitments.

Furthermore, some workers may unintentionally distance themselves or shut down when they try to shield children from the details of their work. This can further induce feelings of isolation and anxiety among children. According to research done by EmergingMinds, children also may overestimate the danger and risks involved in their parent's jobs, causing them to worry excessively. When children sense problems but don't have a way to talk about them openly, they may believe that they are at fault for what their parents are going through (Emerging Minds, 2022).

When emergency service worker parents do suffer mental health injury, it can influence the quality of their interactions with their children, impacting the child's well-being (Reupert, Maybery & Kowalenko, 2013). For example, according to a study conducted by the Australian Parenting Research Center, parents with mental health injury were more likely to use harsher disciplinary methods such as yelling and less likely to use positive parenting strategies (Milward et al., 2018). Additionally, in a study of

children whose parents had experienced moderate or high levels of psychological distress, researchers found that the children were more likely to experience social-emotional difficulties over time (Najman et al., 2000). Parents with poorer mental health also reported higher rates of wishing that they did not become impatient so quickly with their children (51% as opposed to 37%) (Najman et al., 2000).

When a relationship between a parent and child is strained and the line of communication is often cut off, this can prevent children who themselves have mental health challenges from getting the help they need. According to Jorm and Wright (2007), adolescents identify their parents as a primary source of support and they are more likely to seek professional help for mental health disorders if supported by their family (Rickwood et al. 2007). According to Gronholm et al. (2015) and Mendenhall (2012), this can lead to delayed help-seeking, lack of treatment, and higher levels of stigma.

Some studies have reported that children of police officers and police families may also experience bullying and harassment outside the home due to the negative stigmatization of police officers in some communities. This may put these children at risk for ridicule, harassment, and even physical harm by peers (Sharp et al., 2022; Abernaty et al., 2007; Stone, 2001). Research also suggests that this kind of ostracization and bullying can negatively impact the child's quality of life of a child (Helfers, Reynolds, & Scott, 2021; Jantzer et al., 2019).

While children of emergency service workers may have to face unique challenges due to their parent's occupation, research demonstrates that there are also positive associations with their parents' work. Although these investigations are limited, many children express feelings of pride specifically in relation to the profound

impact their parents have made on their community (Sharp et al., 2022). Some children also report an increased feeling of safety and security (Sharp et al., 2022; Helfers, Reynolds, & Scott, 2021).

In the following section, we explore a range of strategies and resources, both for in-home and professional settings, that parents can use to effectively enhance their children's overall well-being.

Ways Parents can Support their Children

Parents can do a number of things to minimize the impact that their own stress, absence, or injury might have on their children.

The first is to develop a strong support network so that children have someone (another parent, a neighbor, a family member) they can rely on when parents are called away. These people must be someone a child can trust so that they feel comfortable enough to speak up when something may be bothering them. Having a support network also allows parents to take breaks when they need to decompress or recover from work injury or stress. Having a support system allows children to feel secure and resilient, and it helps to maintain routines such as taking a child to school or practice (Building Your Child's Support Networks When You Experience Mental Illness, 2022).

Parents can also learn to recognize signs that a child may be in distress. In situations where a parent may be diagnosed with a mental illness or injury children have shown to be less likely to speak out about their own situations. Thus, one main way to help improve a child's well-being is by identifying the warning signs that exhibit signs of mental illness. According to MayoClinic (2022), some warning signs include persistent sadness that lasts two weeks or more, withdrawing from or avoiding social interactions, hurting oneself or talking about hurting oneself, drastic changes in mood, behavior, personality, or academic performance, and even changes in eating and sleeping habits. The next step would be to identify professional help that could be given to the child.

Professional Resources

There are many professional resources that can be used to support the children of ESWs, including:

- Childrens' Programs/Camps
- Counseling
- Educational Resources
- Forums
- Self Help Apps

Children's programs

The Australian Kookaburra Kids Foundation (AKKF) runs many children's programs (Figure 5) to "empower young people to thrive beyond the impacts of family mental illness" (2023). All of their programs

Figure 5: *Kids participating in an activity at a Kookaburra Kids camp (Kookaburra Kids, 2023)*

are free of charge and run by volunteers. They have programs for children of first responders and defenders who have suffered mental injury specifically. Activity days and overnight camps engage children in activities such as going to amusement parks or learning archery at the camps along with "chat group" sessions where children receive psycho-education in support groups and discussions with counselors and peers. These groups inform children about mental illness and how to cope with it, as well as provide validation and support by having them hear stories of other children whose parents have been injured by their work.

Counseling

Counseling is also an option for first responders and their families. The First Responder's Children's Foundation is dedicated to helping families of emergency service workers specifically those who have lost a family member in the line of duty. They give free behavioral counseling to the children of these families at no cost. The program is designed to "help [their] children manage, process, and deal with a range of emotional challenges specific to their unique needs"(FRCF, 2022). Counseling is an essential part of improving a child's mental health, especially when their parents are constantly in stressful situations.

Online resources are a great way for First Responders' families to easily access the services and information that they need. Emerging Minds is an Australian-based organization that

aims to "[advance] the mental health and emotional well-being of Australian infants, children, adolescents, and their families (EmergingMinds, 2023). They have a section of their website dedicated to family resources. These come in a variety of formats from fact sheets on self-harm in teenagers all the way to videos and podcasts explaining what a psychologist is. All these resources are free and accessible at any time. Beyond Blue, as mentioned previously, has done extensive research on the mental health of emergency service workers and has dedicated a portion of its website to helping youth through mental health crises (2022). There is information on how to cope with family break-ups, identity issues, and school stress, along with resources on starting conversations and helping friends. Beyond Blue also offers online forums to give teens a place to share experiences and ask for advice. Along with online forums, there are also many self-help apps like Biteback and Moodgym for people who may either need more flexibility or are too anxious to see a therapist.

This chapter reviewed the demands of emergency service work and outlined some of the impacts that work can have on workers and their families. While there is not a great deal of research on how this work has impacted children specifically, we reviewed how parental stress, mental injury, and absence generally affect children and we briefly reviewed some of the expert advice on what parents can do and what kinds of programs and supports can typically be used to help children.

METHODS

The goal of our project was to identify how the nature of emergency service work in the Victorian emergency management sector may inadvertently impact the children of emergency service workers, and to suggest effective support options for these children to improve their well-being. In order to achieve this goal, we completed four objectives, the methods for which may be found in Table 1.

Table 1: *Overview of project objectives and methods.*

Objective	Methods
Learn and understand the types of experiences children of ESWs have regarding their parents' occupation	• Literature review • Focus groups with children and young adults
Understand what children would find useful in terms of support	• Desktop research of support programs and best practices used elsewhere • Interviews with sector/organization leaders • Focus groups with children and young adults
Bring attention to the experiences and needs of these children through persuasive media	• Draw on focus group data to produce a short video/documentary
Provide recommendations for support options	• Literature review • Information gathered from focus groups • Interviews with sector/organization leaders

Objective 1: Children's experiences

To achieve this objective, we reviewed literature that explores the effects of emergency service work on children of emergency service workers. Because there is little research directly on this topic, we expanded our review to include literature on how parents with mental illness or on-the-job stress might affect their children. We also examined previous ESF/WPI collaborative reports' (2021-2022) preliminary findings and recommendations with a focus on results specific to children of emergency service workers. This research was discussed previously in the Background section.

We also conducted primary research on this topic through three online (via Zoom) focus groups involving 13 children (15-22 yrs of age) of emergency service worker parents in Victoria. Participants were purposefully sampled. In order to recruit focus group participants, we created two digital flyers, which were distributed to the leaders of various organizations/agencies of the Victorian emergency management sector by our partnering organization (ESF), with a request that they distribute one set of flyers (Figure 6) to emergency service workers (both full-time and volunteers) who are parents. Another set of flyers (Figure 7) were circulated among various emergency service organizations to target potential teen participants directly. This encouraged children and parents to discuss the project.

In addition, as shown in Appendix A, a social media tile was created to reach

Figure 6: *Recruiting flyer that was distributed to the organizations/agencies in the Victorian emergency management sector. Targeted to emergency service workers who are parents*

Figure 7: *Recruiting flyer that targets children of emergency service workers.*

more potential participants. ESF posted this tile to Instagram and Facebook.

Parents interested in having their children participate contacted the head of ESF on their behalf. Teens were also given the option of expressing interest on their own accord, providing their parent's contact information so that parental consent might be obtained. The flyers featured a link connected to an interest form (Appendix A) that collected age, availability, and other information regarding the participant or their parent/guardian if applicable. Parents interested in having their children participate were sent (by ESF) a more detailed parental consent form (Appendix B) that was signed electronically prior to focus group orchestration. Potential participants 18 or older were sent and asked to sign a different participant consent form (Appendix B).

Focus group participation was voluntary in the sense that participants could choose not to respond or sign off; however, we determined which focus group each participant would be assigned to, as we purposefully wanted to mix individuals whose parents work for different organizations in the state of Victoria so that participants within the same focus group would not be likely to know one another. The questions asked to the participants are shown in Table 2.

In each focus group, two interviewers were present – the primary interviewer and an observer. Due to the sensitive nature of the topics being discussed, a mental health expert (recruited by

ESF) was present on all Zoom calls/focus groups. The primary interviewer led most, if not all, discussions where the observer was responsible for watching participant behavior, taking notes, and reporting any signs of discomfort via a personal chat message to the mental health expert, who was there to intervene via the personal chat room if it became necessary. We introduced the participants to the mental health professional sitting in, inviting anyone who felt the need to sort through their feelings or get support to stay on at the end of the session so that the professional could assist them. During the discussion, the mental health professional was also available to provide support, and the risk protocol described in Appendix C was followed.

Discussions began by establishing a safe space for participants to share their experiences and assuring participants of their rights. We began by explaining how the discussion may involve both positive and negative experiences they have had as children of emergency service workers and how they feel their parents' work has affected them. We also noted that they would be asked what kinds of information or support might be helpful to children of emergency service workers based on their experiences. We noted that discussing challenges might potentially be difficult for some participants, and if they should become uncomfortable or upset about discussing any topic, they were free to stay silent or not answer/participate in that portion of the discussion. They might also choose to leave at any point. Participants were asked if they still wanted to participate and if we might have their permission

Table 2: *The primary questions to be asked during the focus group. Question four also contains potential prompts that will be asked, should participants hesitate to respond.*

Focus Group Prompts
Can you please tell each other about the work your parent(s) do?
Can you tell us a time when your parents' work has affected you? What did you do in that situation?
If you had to list five emotions to associate with your parents' work, what would they be?
Can you tell us some of the things your parent(s) share with you about their work? Can you tell us about some of the ways your parents may be affected by their work– what have you observed or been told? How does that make you feel?
Have you or has your family received any kind of support to help manage any of the impacts of their work? If so, can you elaborate on the experience?
What supports/services do you think would help you and other children of emergency service workers? Why do you think this support would be beneficial? What do you think would encourage them to access such support?
Is there anything else you would like to share with us?

to record the discussion and use their stories in our reports and other deliverables. We assured them their names and any images from the recording would not be used in our published materials. We also asked for a commitment not to share any stories or personal experiences shared in the group outside the group discussions (see Appendix C for the opening script). Responses were recorded through Zoom audio (although we were able to see participants and they each other, no video images were actually saved). This allowed us to extract quoted material accurately for our report and potentially use anonymous audio snippets in our presentation to sector leaders. Participant names were not used nor any specific identifying information used in any final reports or media that results from this report or media that results from this project. Signed consent forms were handled

by project advisors, and proper care was taken to maintain confidentiality.

Objective 2: Understanding supports children want

Although there are a variety of support options for emergency service workers in Victoria, little is known about the supports that are or could be available for their children. In order to properly understand the needs of the children of emergency service workers, children were directly asked what they would find useful for support.

We conducted preliminary desktop research (summarized in the previous section) to identify the general types of support that can be given to children experiencing stress and mental injury or how they might be supported if they have parents who are experiencing stress or mental injury or who have passed away. We also conducted phone interviews with several organization/sector leaders, WorkCover agents, academic experts, and mental health practitioners connected with the well-being of emergency service workers and their families. The intention here was to gain insight into how families may be affected by the stress or mental injury of workers, what supports/services are available if any, and what their expert advice is in supporting children inside the home and through professional strategies The interview script and questions were created by the sponsor organization and are shown in Appendix D.

Finally, we sought to understand support options that children have

used, what they felt had and had not worked for them, and what they needed and wanted; their perceptions were also obtained through the focus group discussion. This combination of the literature review, in-person perspective-taking, and primary research informed the final recommendations we made.

Objective 3: Bringing attention through persusasive media

To raise awareness of the challenges and needs identified in our focus groups, we produced a video using the stories and voices of the teens and adult children in our study. Many organizations use videos as a storytelling medium so we looked at these examples for inspiration and design ideas. Using the video produced through a previous ESF-WPI collaboration as a model, we set out to produce a short, 6-minute video identifying the different ways children of ESWs may be impacted, illustrating with quoted material from the focus groups. The consent form indicated that we would be using some of the stories and testimony in the media but that we would not be using faces, likenesses, or names to protect identities. This was to ensure the participants' comfort and confidentiality about sharing sensitive information during our study. We used stock photos of emergency service workers and children already available in the public domain or general background photos we took to depict police, fire and other themes. The sponsor organization also provided photos of emergency service workers and their families to incorporate in

combination with existing media.

The video production process primarily involved storyboarding our narration and images before producing the media. Storyboarding provided an organized layout of what quotes, audio, and images were going to be used in multiple sections for each different part of the story we were trying to portray. The first section is a background of the work of emergency service workers. Following that are the three main sections including the positive experiences the children had, the things they've endured, and the recommendations. Audio of anonymous quotes from the focus groups we conducted was used along with many images of emergency service workers and their children to highlight their experiences. Lastly was

a call to action including people holding signs with statements about the need for this research. Once the draft of the storyboard was finished the video was created in Adobe Premiere, iMovie, and Audacity. The video undertook many revisions after getting feedback from our sponsor and advisors.

Objective 4: Providing recommendations for support options

Information garnered from our background reading, from the focus groups, and from our interviews with sector/organization leaders was analyzed in order to recommend strategies and programs, which were suggested to sector managers.

RESULTS

In total, we conducted 6 focus groups with a total of 23 participants ranging in age from 15 to 22. Their parents were police officers, firefighters, and paramedics. Some participants had more than one parent occupied in emergency service work. The representation of emergency services employers is shown in Figure 8.
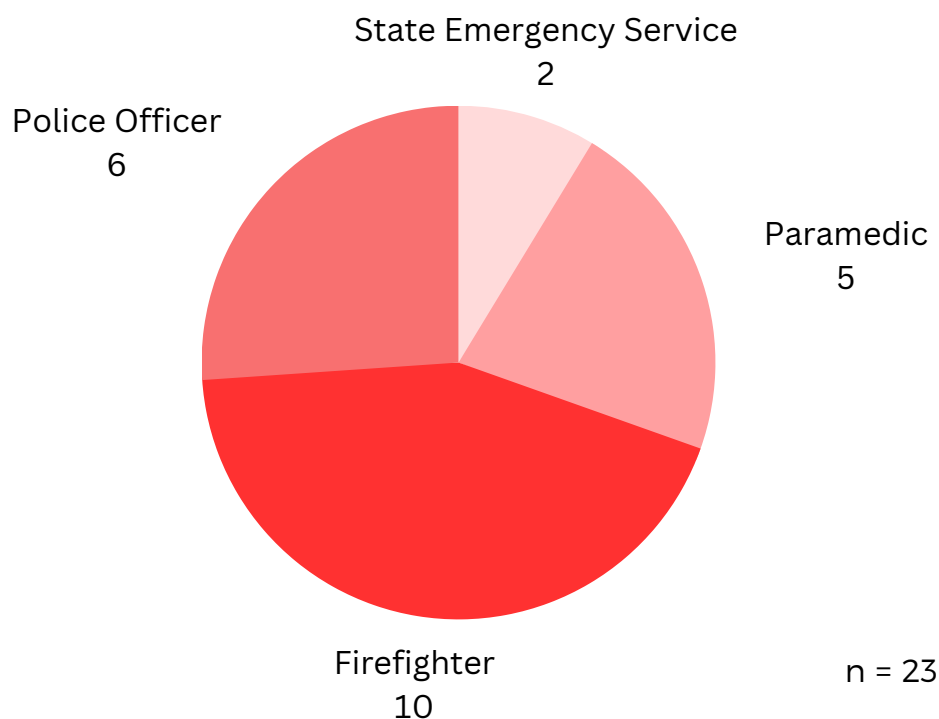

State Emergency Service
2

Police Officer
6

Paramedic
5

Firefighter
10

n = 23

Figure 8: *Parents' occupations by emergency services employer.*

Upon finishing focus groups, we transcribed the discussion and coded for the types of impacts and types of support that children noted.

Children's Experiences

Although many of the challenges and stressors faced by emergency service workers have been noted in the literature, few studies explicitly assess the extent these stressors may in turn have on their children. We addressed this gap by collecting focus group data that captured the lived experiences of children of emergency service workers

We found that, on the whole, participants were generally eager and enthusiastic to share their experiences and voice their opinions. In addition, when given the opportunity to exchange and discuss ideas, participants were able to draw upon each other's experiences and perspectives to demonstrate an apparent mutual understanding.

> Participants were generally eager and enthusiastic to share their experiences and voice their opinions. In addition, when given the opportunity to exchange and discuss ideas, participants were able to draw upon each other's experiences and perspectives to demonstrate an apparent mutual understanding.

We found that many children have strong feelings in regard to their parents' work. As such, after coding focus group transcripts, we found seven positive impacts they had discussed (Table 3) and nine negative impacts (Table 4).

Table 3: Positive impacts, ordered by frequency of mention in the focus groups

Positive Impacts
Proud of parents and their impact on the community
Grateful/thankful for the work their parents do
Respect for their parents and the work they do
Happy that their parents find their work fulfilling
Admiration over their parents and their work
Excited about parent's presence at events
Grateful to be protected from details of parents' work

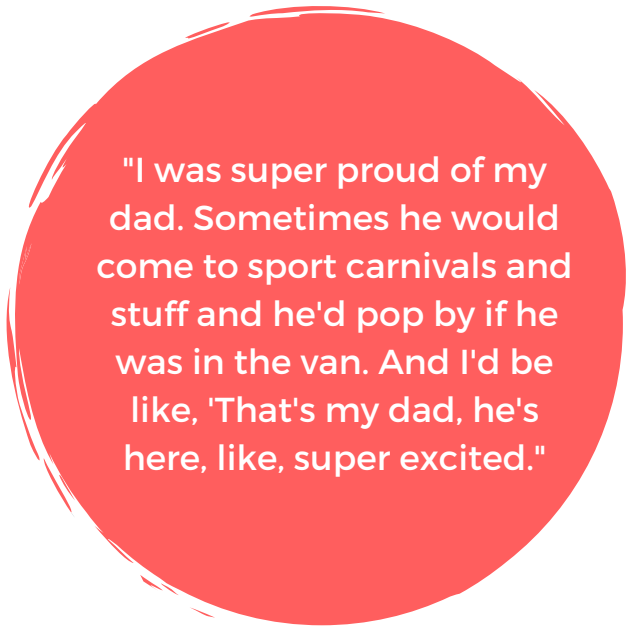*Table 4*: *Negative impacts,ordered by frequency of mention in the focus groups*

Negative Impacts
Confusion over a parent's behavior
Worry/fear over parent's safety
Confusion over a parent's absence
Disappointment over a parent missing events
Disappointment over parent's reluctance to engage in conversations about work
Hypervigilance due to hearing about parent's experiences at work
Bullying/harassment from peers because of parent's occupation
Blaming oneself for a parent's behavior
Social embarrassment due to parent's occupation

Children value their parents' work

When asked to describe emotions/feelings participants associate with their parents' occupation(s), many of the children from across the six focus groups noted positive feelings, including pride, respect, and gratitude.

Participants were asked to reflect on their experiences and share specific instances in which they were directly impacted by their parents' work. Among the stories and experiences they shared, the most prominent positive experiences were largely in association with a general sense of pride about their parents' impacts on the community. Several participants shared that these feelings were heightened at times when their parents were present at public events: "I remember when I was a kid, I was super proud of my dad. Sometimes he would come to sport carnivals and stuff he'd pop by like if he was in the van. And I'd be like, 'That's my dad, he's here, like, super excited.'" Many participants also noted that they were grateful for their parents and their work. In discussions of what emergency service worker parents share with their children at home,

"I was super proud of my dad. Sometimes he would come to sport carnivals and stuff and he'd pop by if he was in the van. And I'd be like, 'That's my dad, he's here, like, super excited."

although some remember hearing about specific tragedy and danger, many say that parents shielded or protected them from the details of their work, and didn't engage in conversations about it with them. Of these participants many shared that they were grateful their parents did not discuss the details of their work with them when they were younger: "But now as an adult… I think now I'm probably grateful for it." On that note, some participants shared that their parents exclusively share the positive aspects of their work: "He likes to keep it pretty positive because he doesn't want to bring the bad parts of work home…" Of these participants, some express content: "It's pretty good because you don't want to hear about the [bad] stuff that happens at work…" In other words, participants that heard the positive details/aspects of their parents' work tend to feel appreciative of this practice. Many of these participants also maintained that their parents are more open about it now that they are older and more mature.

Some participants expressed that they felt a sense of admiration for their parents and the work that they do "she's super resilient, and that kind of amazes me how she's able to get through all that, the stuff that happens, and still keep living and raising kids…"

Children face many challenges and experience difficult emotions in regard to their parents' occupations

Participants also identified negative feelings, most commonly fear, worry, and anxiety, often associated with concerns for the safety of an emergency service worker parent. When participants recalled how they felt at younger ages, many recalled feelings of disappointment and confusion, especially in the context of parental absence and parental behavior.

When asked to reflect on their experiences and share specific instances in which they were directly impacted by their parents' work, many recall confusion over a parent's behavior as a prominent impact. Many shared that this confusion was typically over how their parents were acting at home after being at work on a given day. For example, one child of a paramedic expressed that when they were younger they would often feel confused why their parent would tend to be angry or "act out" after returning home from work some days: "I wouldn't understand why if [we made] a small mistake that he normally wouldn't get mad over, we'd get told off for…" Further, another child of a paramedic mentioned how they

had to adjust how they were acting in response to their parent's behavior: "I thought she was just angry with me all the time or something like that because I didn't understand what she was going through. It affected me a lot more when I was younger, seeing her go through that and me not really understanding what was going on and having to tip-toe around her…" Of the participants that identified this behavior change, some often felt responsible for how they were acting.

Confusion and disappointment over parental absence was also a notable impact, and many expressed that these themes were especially impactful in their adolescence. As such, many shared that parents were unable to attend important events, such as birthdays, sporting events, and holidays primarily due to long hours and unpredictable/unconventional work schedules, and some of the children reported feeling disappointed and let down:

> "Sometimes he'd get called into work. And I'd obviously been, you know, really excited to go play sport with dad… so I guess sometimes it involves a bit of disappointment. And when you're young and your dad doesn't or mum doesn't show up to something exciting that kind of
> . gets you down a little bit…"

In addition, feelings of confusion also arose in discussions of what emergency service worker parents share with their children at home. In specific, some participants maintained that they were disappointed and confused as to why

> **"As a little kid, you think 'oh mum and dad don't want to tell me about their day.' like you're probably [going to] feel pretty disappointed…"**

their parents wouldn't discuss the details of their work with them, especially when they were younger: "As a little kid, you think 'oh mum and dad don't want to tell me about their day,' like, you're probably [going to] feel pretty disappointed…" One child of a police officer also noted that their parents discussed it behind closed doors, and this was upsetting to them, as they wanted to hear about their parent's day at work.

Some participants expressed that being exposed to stories about dangers their parents have witnessed has made them more hypervigilant and aware of their surroundings. For example, one child of a paramedic explained:

> "Say I'm walking too close to the road, [mum will] always say things like, 'oh, I've been to accidents where people have swerved slightly and then hit people. You can't stand that close to the road.' They have had a big effect on me because I'll just be walking down

the street and I think, oh, what if a car hits me right now or say I'm walking with someone, I'll pull them away from the road and just little things like that and it's made me a lot more aware of everything....I used to, you know, be carefree and not worry about anything. Now I notice I worry about so many little things that could go wrong cause I've just been told of every possible scenario that could possibly go wrong."

Some participants, especially children of police, noticed that their social life was affected because of their parent's occupation. Of these participants, some maintained that they were purposely not invited to social gatherings due to the stigma associated with their parents' jobs. Two children of police officers even expressed that they would face bullying and harassment from their peers as a result of this stigma:

> "And then it got to high school and all of the politics and things and people started really this deep kind of political hatred for the police. And then they would look at us kind of in that same sort of way. And like, especially with like, the whole all cops are bastards thing like that ACAB thing. And my friends always knew that my dad was a policeman, and they'd still be like, 'yeah, all cops are bastards.' And then they'd look at me and be like, 'all cops are bastards...'"

On this note, some participants expressed a sense of embarrassment due to their peers' perceptions of their parent's occupation.

It is important to note that some participants expressed that they were generally unaffected by their parents' occupation.

Coping strategies

Following discussions of the more negative impacts of their parents' work, participants were asked how they managed the impacts they had identified previously. As such, of the participants that were impacted by their parents' work, some coping strategies were identified. For instance, many participants expressed that they spoke to family members and friends, should they need support: "I had school counselors in high school, but I didn't really go to see them. I would rather talk to my friends or family or anything like that..."

Other children talked about how they felt like they were the only ones experiencing these feelings as they did not know there were other children of emergency service workers going through the same thing. In these instances, they may turn to other coping strategies. One child of a paramedic identified that listening to music was an effective coping strategy: in order to cope with the nature of their parents' work and its effects at home: " A lot of the time I would just go into my room and sit in the corner and play music..."

These coping strategies show us that the children clearly want someone to talk to who understands their experiences. Without this, they may turn to other coping strategies that isolate them from their parents.
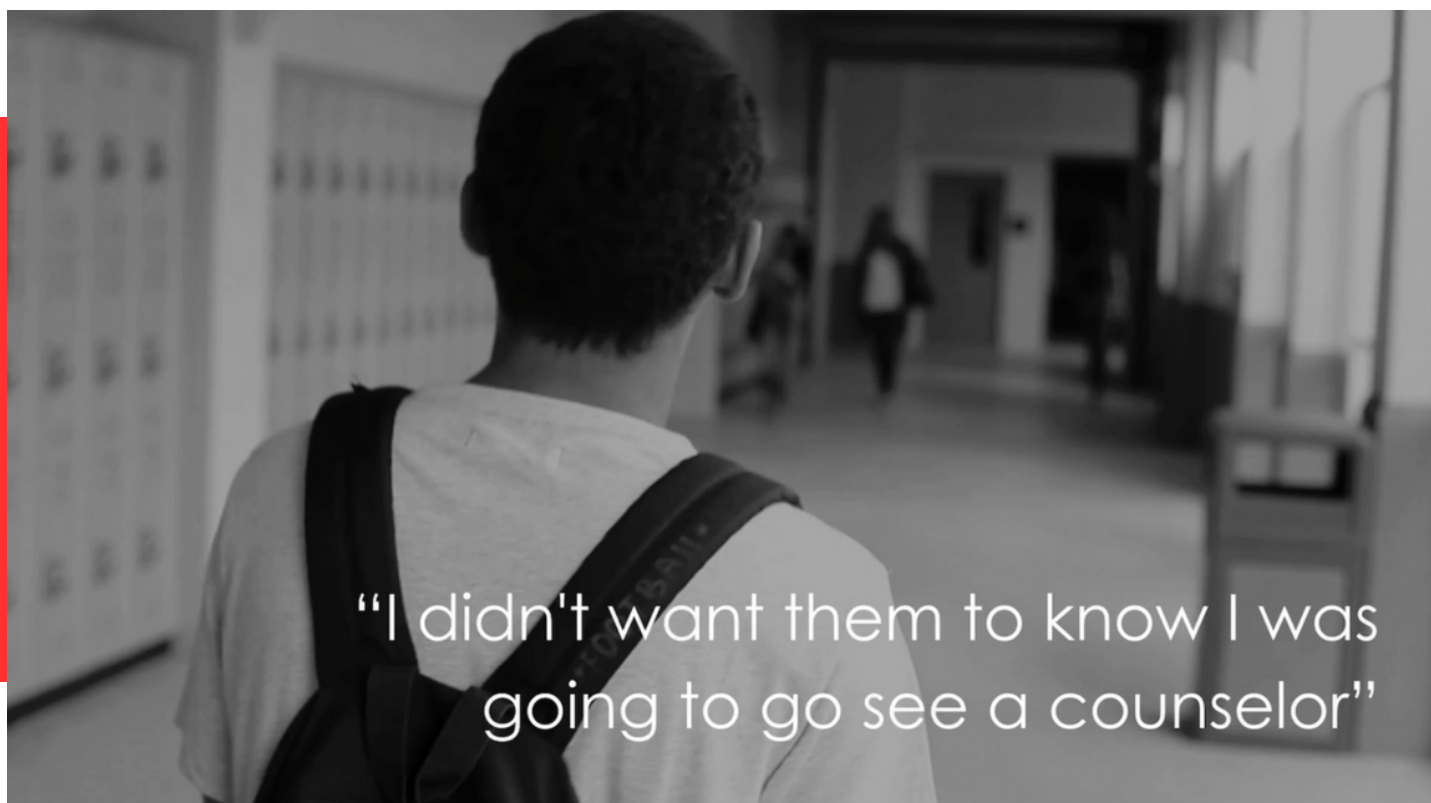
"I didn't want them to know I was going to go see a counselor"

Figure 5: *Still from "Hidden Voices"*

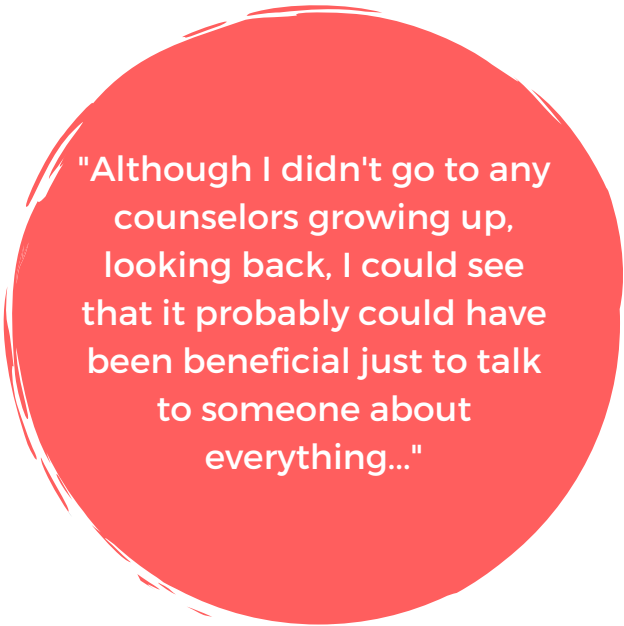## Children Struggle to Find the Support they Need and Want

We asked specifically about the support resources participants have used to help with any negative feelings or impacts they discussed. Throughout the focus groups many participants explained that they were unaware of the services that were out there, but school counseling was the primary method mentioned. While some participants expressed having experience talking to these counselors at school, only two of those children mentioned talking to said professionals specifically to manage the impacts of their parents' work. Many participants voiced reluctance to participate in such support strategies, maintaining that it was referable to talk to those who understand the nature of emergency service work, whether that be a family member or friend. Coincidentally, this observation is consistent with a previous ESF study in which support strategies for emergency service workers were explored (ESF, 2023).

In addition, one child of a police officer suggested that they felt embarrassed about seeing a school counselor: "When I was in high school. I used to tell my friends that I was doing something completely different. I used to make up excuses because I didn't want them to know that I was going to go see a counselor…" Furthermore, one child noted that their school would mainly focus on children exhibiting signs of distress.

In situations like these, children that were struggling but not visibly showing it may not have been able to receive the support that they needed.

Some participants maintained that they didn't feel as though they needed such support, but one child of a paramedic noted that they would've found it useful when they were younger: "Although I didn't go to any counselors growing up, looking back, I could see that it probably could have been beneficial just to talk to someone about everything, like how it made you feel when your parents got a bit upset at you and stuff…"

"Although I didn't go to any counselors growing up, looking back, I could see that it probably could have been beneficial just to talk to someone about everything…"

When asked what they desired in terms of support, a handful of participants mentioned the Employee Assistance Program (EAP), a service that provides employees and their families short-term professional assistance for work or personal issues. It was suggested by the children that this program was overlooked due to improper terminology and a lack of public awareness. Some participants were confused by the use of the word "employee", and thought it was limited to the emergency service workers themselves when it actually provides counseling to their families too. Others simply did not know about the counseling services offered by the program. In fact, an overwhelming number of participants voiced that these services that are out there are too hard to find. Similarly to the school counselors, the participants also found that most EAP counselors could not relate to their specific issues because they did not understand what it was like to be part of an emergency service family.

With respect to informing children about support options, many participants suggested utilizing social media strategies to reach older emergency service worker children and advertise support options or events. Participants noted that these posts could help encourage children of emergency service workers to seek help on their own since they would not be singled out, and it leaves the choice of seeking help up to them.

Another recommended strategy that was talked about was the idea of a mental health literacy program framed as a take your child to work day. This would be a time when the ES parent can show their child all of the fun things about the job as well as provide resources and insight on mental health, due to the fact that most people in the focus group expressed that they did not fully understand what their parents were going through. For instance, one participant shared that he was never told about what PTSD was, and when.

his mother was diagnosed he had to independently research what it was. A summary of the key findings with regard to support options is in Table 5

In addition to asking children what they would find useful in terms of support, organization leaders and mental health experts were also consulted. This allowed us to develop a better understanding of what is currently being done and what could be done to support these children.

Table 5: *Summary of key findings on support options that were voiced by children.*

Support Options- Key Findings
Stigma may deter children from accessing professional support
Some children do not know when to reach out for support.
Children may not be aware of support options available to them.
Children would rather talk to people who understand their experiences.
Children believe connecting with other children of emergency service workers both online and in person, would be valuable.
Many children believe that it would be beneficial to learn more about their parents occupation and the impacts it may have on them.

Support Suggested by Organization Leaders and Mental Health Experts

In order to properly identify potential support options for children of emergency service workers, organization leaders and mental health experts were also consulted.

Organization leaders

In our interviews with organization leaders, we first asked what their organizations were doing currently to support the children of emergency service workers. It was found that all organizations offer counseling to the families of these workers. Additionally, many organizations stated that they were eager to increase support and provided many recommendations.

Through these interviews, it was observed that many organizations offered support to families of emergency service workers through referrals to external counseling services. From the organization leaders, we learned that these services are offered primarily to the service workers themselves, but also offer support to their families. These services are often used by the workers, but underutilized by the families themselves. Overall, the organization leaders had a positive perception of these programs, but admit they need improvement. Many suggested that different programs were needed to be able to cover the very specific needs of these children. This might include programs with counselors who are more familiar with the experiences these children are going through, and trained to respond accordingly.

In these conversations, it was also brought up that many children don't understand what their parents are going through. Organization leaders recommended that children should be educated on the nature of their parents' work and how it might affect them. This can help children navigate their feelings and assess their needs. Many recommended hosting events specifically meant to provide this education. This correlates with what the participants of the focus groups mentioned, saying they would appreciate a mental health literacy program. A few leaders even suggested creating workshops for the parents. In these workshops, parents can learn how they may be inadvertently affecting their children, as well as strategies to better support them.

A few organization leaders also put an emphasis on the need for connection between children. Allowing children to share experiences with each other can help children feel less isolated. These children have very unique experiences such as being bullied because of their parent's occupations. Both the focus group participants and these leaders agreed that connections are better made in person rather than online. This could be in the form of a bring children to work day which could also include classes on mental health literacy.

Mental health professionals

The interviews with the mental health experts were more focused on learning the validity of various support options already available to these children, as well as potential support options that could be implemented. In general, the experts stated that forming connections between children of emergency service workers

can be an effective support strategy since it gives children an opportunity to interact with people who have similar experiences.

Experts agreed that mental health literacy is crucial t for these children. In instances where a parent has PTSD or some other injury due to their work, the children need to understand that it is not their fault. Also, literacy will allow the children to better understand their own thoughts and feelings.

Also, when talking with these experts about what support options would best suit the children's needs, the idea that children want to talk to people who understand what they are going through was raised. Findings by the mental health experts mirror the stories heard from the children themselves, as well as responses from the sector leaders. The issue is the fact that the barrier to counseling is a lack of rapport, and psychologists or other mental health professionals may not fully understand the nature of emergency service work.

Some of these experts also stated that many parents may be reluctant to send their children to different programs, more specifically, those that aim to connect children whose parents have a mental injury. It was suggested that this wording may be off-putting to some parents as it calls them out as the problem. The wording of these programs may have to be altered to not suggest that parents' mental injury is a burden on their children. The experts also seem to agree with the participants of the focus groups on problems with EAP. They see how the wording of this program may lead children to believe that it is exclusively for employees. Table 6 displays a summary of key support resources suggested by both organization leaders and mental health professionals.

Table 6: *Summary of key support suggestions*

Key Suggestions for Support
Create different programs that specifically tailor to the needs of children of emergency service workers.
Educate parents on how their job can inadvertently affect their children.
Establish better connections between children of emergency service workers.
Emphasize to children that they are not at fault if their parents exhibit negative behavior due to their job life.
Increase awareness and accessibility for these services to the children of emergency service workers.

PERSUASIVE MEDIA

In order to effectively capture the lived experiences of the children of emergency service workers in Victoria, a high-impact short video was produced. The video is just over six minutes in duration and utilized audio recordings from each of the focus groups in order to capture the real voices of children of emergency service workers. The title of the video (Figure 6) is "Hidden Voices" and is divided into three major sections: positive experiences (Figures 7 and 8), negative experiences (Figures 9 and 10), and coping strategies (Figures 11 and 12). At the end of the film, a call to action was also included, emphasizing the need for awareness and support (Figure 13). This video can be found at https://digital.wpi.edu/ by typing the project title ("Hidden Voices") in the search bar.

Figure 6: *Still from the title slide of "Hidden Voices"*

Figure 7: *Still from the transition slide to discussions of positive impacts*

Figure 8: *Still of one of the featured positive impacts*

Figure 9: *Still of the transition slide to discussions of negative impacts*
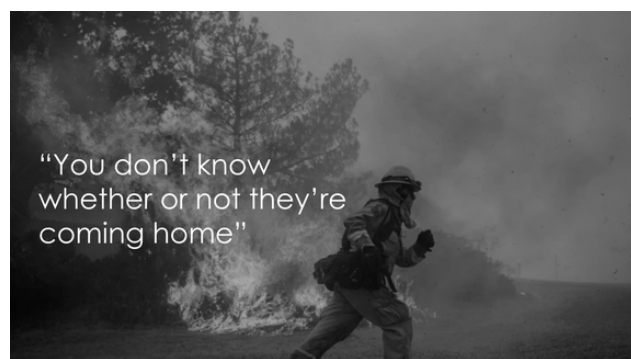
Figure 10: *Still of one of the featured negative impacts*

Figure 11:: *Still of the transition slide to discussions of coping strategies*

Figure 12: *Still of one of the featured coping strategies*

Figure 13: *Still of one of the call to action slides*

RECOMMENDATIONS AND CONCLUSIONS

Utilizing the findings listed above, a list of recommendations was created. This includes input from both experts and participants of the focus groups.

Recommendations

By collecting stories from six focus groups, along with the interviews with sector leaders, WorkCover agents, mental health practitioners, and academic experts, a number of major recommendations were created to help to improve the lives and mental well-being of these children, and are summarized in Figure 6.

Increase awareness to support the well-being of children of emergency service workers

The first major theme that must be addressed is awareness. As explained above, the mental health of children of emergency service workers in Victoria is not a topic that has been extensively researched. In order for these children to get effective support, we must emphasize the lived experiences of children of emergency service workers. Due to the lack of understanding of these experiences, the support options available to these children are inadequate. By raising awareness to the fact that children of emergency service workers may have unique mental health challenges, organizations may realize that theircurrent support options need to be improved to provide more support.Additionally, raising awareness could help emphasize to these children that they are not alone in the experiences they face. This could make the children more comfortable seeking help or talking to others about how their parents' work may be impacting them.

Form connections to address isolation

 The second major theme that was identified is the sense of isolation that many children of emergency service workers deal with. In the focus groups, many expressed that they felt like they were the only children dealing with the problems they face. To address this, connections between children of emergency service workers need to be formed. During the focus groups, many of these children expressed the idea that they would be interested in making these connections and meeting with peers. One recommendation that was suggested was to create online chat groups with other children of emergency service workers, to give them a place to talk and learn more about each other. Others expressed that even just attending the focus groups was beneficial to their mental health, as it gave them a place to talk about their experiences in a low pressure situation.Having the mental health practitioner present also gives the children a valuable resource should they need it. If these focus groups are run continually, more stories and experiences can be brought to light, which can further

ensure these children get adequate support. However, some childrenargued that being able to meet in person would be much more valuable of a connection. A variety of in person events were suggested, including opportunities for children of emergency service workers to visit their parents' workplace, or events that would allow these children to spend time together. These in person events could be valuable chances to form close connections, as echoed by the mental health experts.

Improve mental health education and literacy

The third major theme that needs to be addressed is the improvement of education across the sector. Many children had stories of times where they were confused about their parents behavior that was a result of their PTSD. Providing more mental health literacy opportunities could give these children an opportunity to learn about their parent's work, and how it may impact their behavior or life at home. Both sector leaders and mental health experts agree that increasing mental health literacy was a key aspect of improving the mental wellbeing of these children. On a similar note, this mental health literacy program could also be offered in a similar form to the emergency service workers themselves. Understanding what it is they are going through, whether it be PTSD or some other mental injury, and the ways it can impact their families can help them mitigate the effects. As mentioned earlier, some children also expressed an unwillingness to seek help from therapists or counselors due to their lack of understanding when it comes to the unique experiences the children of emergency service workers face. To deal with this, more education or training could be provided to the mental health practitioners that these children have access to, whether through school or some other program, to prepare them to deal with the unique circumstances of the children. Mental health experts agreed that this was an issue that needed to be addressed.
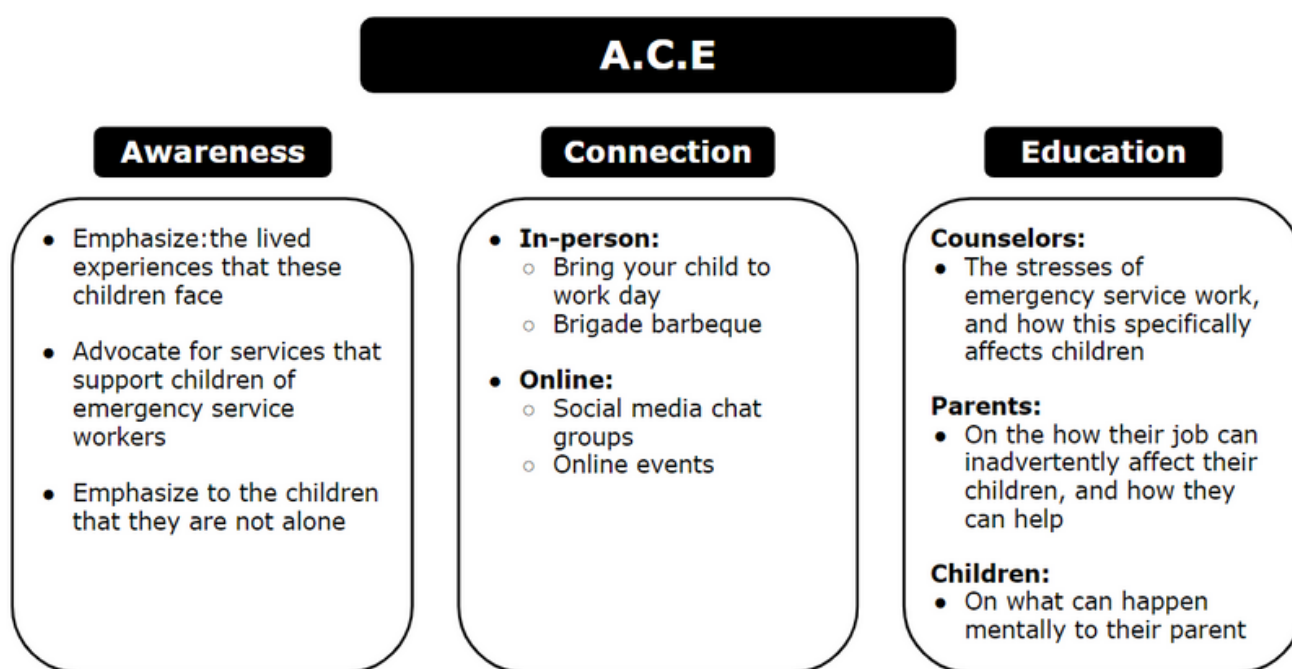

Figure 14: *Summary of recommendations based off key findings*

Conclusion

Emergency service workers are essential in maintaining the health and safety of communities all around the world. However, due to the nature of their work, ESWs have to make many sacrifices to their personal life to respond to emergency situations. This may have negative impacts on their families, specifically their children, as they cope with secondary trauma and the absence of their parents. By conducting focus groups with children of emergency service workers, we were able to learn more about these impacts, and to hear the stories of these children first hand. Interviews were conducted with organization leaders and mental health experts to learn about what was currently being done to provide support for these children, and to learn about the validity of various support options. With this information, we were able to recommend a number of support options that will improve the wellbeing of these children: increasing awareness of the issues they face, providing the children an opportunity to connect with other children of emergency service workers, and educating both children and parents of the mental health challenges they may deal with.

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Appendix A: Recruitment Strategies

This appendix contains instruments utilized in recruiting potential focus group participants: a linked interest form filled out by interested parties and sent to the ESF, and a social media title used to recruit volunteers.

Figure 15: Displays the social media tile that was posted across ESF social media platforms. Targets parents that are emergency service workers.

Figure 16: Displays the focus group interest form that was created and sent to the sponsor organization to capture participant demographics, contact information, availability, and age range.

Appendix B- Consent Forms

This appendix includes both the participant consent form and the parental permission form.

Parental Consent and Information Form

1. **Researchers' Statement:**

The Emergency Services Foundation (ESF) has funded a study to help us understand the experiences and perspectives of children of emergency service workers.

The research team will conduct a number of focus groups to talk about experiences your children have had growing up as children of emergency service workers in the Victorian emergency services sector.

The focus group will take approximately one hour and the participants will be encouraged to share their thoughts on how being the child of an emergency service worker has impacted them. This document provides you with information about the study and helps you decide whether you wish to give consent for your child to participate.

Feel free to take notes, write questions or highlight any part of this form.

Parents/Guardians: You have the option of having your child or teen join a research study. This is a parental permission form. It provides a summary of the information the research team will discuss with you. If you decide that your child can take part in this study, please sign this form to confirm your decision. If you sign this form, you will receive a signed copy for your records.

2. **What you and your children should know about this study:**

- This form explains what would happen if your child joined this study.

- Please read it carefully and take as much time as you need.

- Please ask the research team if anything is not clear.

- Your child can ask questions about the study any time.

- If you say 'Yes' now, you can still change your mind later.

- Your child can leave the study at any time.

- Your child does not need to provide a reason for leaving the study.

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3. What is the goal of this study?

The Emergency Services Foundation (ESF) understands that children of emergency service workers may be concerned about the work that their parents do at times. The aim of this study is to identify and understand the experiences and perspectives of children of emergency service workers to help inform how better support can be provided to these children and families.

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4. Why does my child have the option of joining the study?

Your child has the option to take part in this research study because they are the child of a police officer, firefighter, medical emergency responder, or any other first responder in Victoria, Australia.

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5. How many people will take part in the study?

We estimate that there will be 5-6 participants in each focus group with a total of 4 focus groups held. Aside from participants, two trained interviewers as well as a mental health professional will be present for each focus group/Zoom call.

---

6. If I agree to allow my child to join this study, what would we need to do?

If your child joins this study, they would be opting to take part in a focus group. Focus group sessions will be held online (via Zoom) and will be approximately 1 hour in duration.

Participation is completely voluntary, and they are free to log off at any time without providing a reason. Discussions will include all the experiences you wish to share as children of emergency service workers. Focus groups will consist of several group discussions and some questions asked may include:

"How do you feel about the work that your parent does?"

"Can you tell us some of the things you parents share with you about their work?"

---

7. **What are the potential harms or risks if my child joins this study?**

This study covers topics that may make you feel sad or upset. Support will be provided to you through a mental health professional (recruited by the ESF) who will be present on all Zoom calls/focus groups. Should you need to, you will be able to connect with the mental health professional at the end of the session. The mental health professional will talk with you and may provide you with some additional options for support if needed.

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8. **What are the potential benefits if my child joins this study?**

In this study each participant can share their experiences and connect with the others who may share similar experiences. Your child may also be able to contribute to research that identifies support options for children who may need them. Please note that this focus group is completely voluntary and there will be no compensation.

---

9. **How would you keep my child's information confidential?**

If your child takes part, we will make every effort to keep their information confidential.

If results of this research are published, we would not use information that identifies you or your child. Although every participant will be able to see each other (should they wish to have their camera on), only the audio will be recorded in each session. Direct quotes from focus groups may be taken for research purposes and the production of a short documentary, however participants will not be identified. Participant information will only be held by the ESF. It is also requested that your child (as a participant) maintains confidentiality and discussions that take place within focus groups remain within the focus group.

10. Who would I contact if I have problems, questions or want more information?

Siusan MacKenzie, CEO of the Emergency Service Foundation: ceo@esf.com.au

Erin Smith, Mental Health Professional: erin.smith@dartaspac.org

11. What will my signature on this form mean?

Your signature on this form will mean:

- The research study was explained to you

- You had a chance to ask all the questions you have at this time. All your questions have been answered clearly.

- You understand that the persons listed on this form will answer other questions you may have about the study or your child's rights as a research study participant.

- **Your child has rights as a research participant. We will tell you about new information or changes to the study that may affect their health or their willingness to stay in the study.**

- By signing this consent form, you do not give up any of you or your child's legal rights. The researcher(s) or sponsor(s) are not relieved of any liability they may have.

- You agree to have your child take part in this research study.

_____

Printed Name of Parent or Legal Guardian

_____

Signature of Parent or Legal Guardian

_____

Email of Parent or Legal Guardian

_____

Date

Figure 17: Displays the consent form that was shared by the ESF to parents interested in having their children participate. The consent form should be completed prior to focus group orchestration.

Participant Consent and Information Form

<div style="border: 1px solid;">

1. **Researchers' Statement:**

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The Emergency Services Foundation (ESF) has funded a study to help us understand the experiences and perspectives of children of emergency service workers.

The research team will conduct a number of focus groups to talk about experiences you have had growing up as children of emergency service workers in the Emergency services sector.

The focus group will take approximately one hour and you will be encouraged to share your thoughts on how being the child of an emergency service worker has impacted you. This document provides you with information about the study and helps you decide whether you wish to give consent to participate.

Feel free to take notes, write questions or highlight any part of this form.

Participants 18 years and older: This is a consent form. It provides a summary of the information the research team will discuss with you. If you decide that you would like to take part in this research study, you will sign this form to confirm your decision. If you sign this form, you will receive a signed copy for your records.

<div style="border: 1px solid;">

2. **What you should know about this study:**

</div>

- This form explains what would happen if you joined this study.

- Please read it carefully and take as much time as you need.

- Please ask the research team if anything is not clear.

- You can ask questions about the study any time.

- If you say 'Yes' now, you can still change your mind later.

- You can leave the study at any time.

- You do not need to provide a reason for leaving the study.

3. **What is the goal of this study?**

The Emergency Services Foundation (ESF) understands that children of emergency service workers may be concerned about the work that their parents do at times. The aim of this study is to identify and understand the experiences and perspectives of children of emergency service workers to help inform how better support can be provided to these children and families.

4. **Why do I have the option of joining the study?**

You have the option to take part in this research study because you are the child or young person of a police officer, firefighter, medical emergency responder, or any other first responder in Victoria, Australia.

5. **How many people will take part in the study?**

We estimate that there will be 5-6 participants in each focus group with a total of 4 focus groups. Aside from participants, two trained interviewers as well as a mental health professional will be present for each focus group/Zoom call.

6. **If I agree to join this study, what would I need to do?**

If you join this study, you would be opting to take part in a focus group. Focus group sessions will be held online (via Zoom) and will be approximately 1 hour in duration. Participation is completely voluntary, and you are free to log off at any time without providing a reason. Discussions will include all the experiences you wish to share as children of emergency service

workers. Focus groups will consist of several group discussions and some questions asked may include:

"How do you feel about the work that your parent does?"

"Can you tell us some of the things you parents share with you about their work?"

---

7. What are the potential harms or risks if I join this study?

This study covers topics that may make you feel sad or upset. Support will be provided to you through a mental health professional (recruited by the ESF) who will be present on all Zoom calls/focus groups. Should you need to, you will be able to connect with the mental health professional at the end of the session. The mental health professional will talk with you and may provide you with some additional options for support if needed.

---

8. What are the potential benefits if I join this study?

In this study each participant can share their experiences and connect with the others who may share similar experiences. You may also be able to contribute to research that identifies support options for children who may need them. Please note that this focus group is completely voluntary and there will be no compensation.

---

9. How would you keep my information confidential?

If you take part, we will make every effort to keep your information confidential.

If results of this research are published, we would not use information that identifies you. Although every participant will be able to see each other (should they wish to have their camera on), only the audio will be recorded in each session. Direct quotes from focus groups may be taken for research purposes and the production of a short documentary, however participants will not be identified in either deliverable. Participant information will only be held by the ESF. It

is also requested that you (as a participant) maintain confidentiality and discussions that take place within focus groups remain within the focus group.

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10. Who would I contact if I have problems, questions or want more information?

Siusan MacKenzie, CEO of the Emergency Service Foundation: ceo@esf.com.au

Erin Smith, Mental Health Professional: erin.smith@dartaspac.org

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11. What will my signature on this form mean?

Your signature on this form will mean:

·   The research study was explained to you.

·   You had a chance to ask all the questions you have at this time. All your questions have been answered clearly.

·   You understand that the persons listed on this form will answer other questions you may have about the study or your rights as a research study participant.

·   **You have rights as a research participant. We will tell you about new information or changes to the study that may affect your health or your willingness to stay in the study.**

·   By signing this consent form, you do not give up any of your legal rights. The researcher(s) or sponsor(s) are not relieved of any liability they may have.

o   You agree to take part in the research study.

o   If the person reading this form is a parent/guardian, you agree to have your child take part in this research study.

_____

Printed Name of Research Participant

_____

Signature of Research Participant

_____

Email Address

_____

Date

Figure 18: Displays the consent form that was shared by the ESF to participants (aged 18 and over) that are interested in participating in the focus groups. The consent form should be completed prior to focus group orchestration.

Appendix C- Focus Group Materials

This appendix contains each of the necessary materials that were utilized in focus group orchestration. As such, it contains the risk protocol that was followed during the focus groups, should participants be emotionally triggered by a conversation, appear visually upset/uncomfortable, among other cues. The risk protocol was shared and discussed with the mental health professional prior to focus group orchestration.

Table 7: Displays the risk protocol during focus group orchestration. The protocol is divided into risk overview and the best course of action for said risk.

Risk Overview	Best Course of Action
Participant appears to be visually distressed and/or uncomfortable when discussing a certain subject.	The observer notes the response and makes the mental health professional aware of the situation via a private Zoom chat.
Participant expresses minor discomfort verbally or via chat to the mental health professional and/or interviewer(s)	Ask the participant, either verbally or via private message if they are feeling okay. (ex. "You look upset - are you okay to continue.") Notify the participant that if this particular topic makes them uneasy, they can take breaks by muting the audio, or by leaving the room. We let them know that the topic is changed through a private message via Zoom.
Participant(s), speak out in a rude manner towards other children (i.e., making fun of what they are going through)	Verbally address the issue and remind them that participants should be supportive and non judgemental
Participant expresses severe discomfort verbally or via chat to the mental health professional and/or interviewer(s)	Move the participant to a private breakout room with a mental health professional
Participant verbally overshares information (i.e., address, names, contact information, etc.) that pertains to themselves or another participant	Remind them of the confidentiality agreement and kindly ask that they stop. If the problem persists, the participant will be muted.
Participant verbally shares information that expresses that the child is unsafe in any way (i.e. signs of abuse/neglect, suicidal ideations, etc.)	Once the meeting ends, this must be reported to the mental health professional on the zoom call.

Hello, I'm [NAME] and I am here on behalf of the Emergency Services Foundation because we are interested in your experiences being children of emergency service workers. This is [Co-facilitator's NAME], [pronouns] are going to be taking some notes to make sure we have an accurate record of key information that you share with us. Is that okay? To make sure that we don't miss any important information that you share, we would like to record the session. You won't be identified by name in any published audio recordings or quotes. Is that okay?

Before we continue, we'd like to acknowledge the Wurundjeri people as the original custodians of the land on which we are working today. We pay our respects to the Native Peoples, their culture, and their Elders past, present and future.

As mentioned in the flyer, today we will discuss experiences that you have had as children of emergency service workers. We understand that these workers play an important role in the communities that they protect. We also understand, based on research, that children may also be impacted, should they have an emergency service worker parent. The Emergency Services Foundation wishes to hear about your experiences and learn how we can better support kids of emergency service workers. It will be approximately one hour in duration. As a reminder, participation in this focus group is completely voluntary and you are allowed to stop at any time. In addition, while responses are appreciated, you are not required to respond to every question for any reason. We also would like to mention that no single experience is the same. Each experience is unique and valid, so we ask that you be kind and respectful of other participants' experiences.

We also want to preface that everything discussed in this focus group today will be confidential. We ask that all of the topics that are discussed within the focus group today remain within the focus group. Audio will be recorded and quotes may be taken to be utilized in research products, such as a documentary or final report, but both of these items will be completely anonymous.

We understand that some of the topics being discussed today will be sensitive for some participants, so we have invited a mental health professional to listen in on our conversation and to provide support if necessary. At this point, the mental health professional will introduce themself. You are also free to privately message [Mental Health Professional's Name] at any point during the Zoom call, should you feel in need of support or feel uncomfortable in any way. [Mental Health Professional Name]'s phone number will be listed in the chat now so that you can contact k after the focus group to debrief about the conversation if you would like. When using the chat you can choose between messaging the whole group or one person at a time. We ask that you do not message your peers, and only message either us the interviewers or [Mental Health Professional Name], throughout the session. Do you have any questions about anything we have just told you about?

Thank you for listening to the introduction. Before we begin the focus group, we would like to ask for your consent to participate in this study and for the use of audio recordings and anonymous quotes in research deliverables. If you consent to participate, please let us know by unmuting and responding yes.

Figure 19: Depicts the opening script to be read at the beginning of each of the focus groups.

Appendix D- Interview Script

Appendix D contains the script utilized in phone call interviews with sector/organization leaders. The following script was used in phone interviews wit sector/organization leaders, mental health professionals,

Interview Script
Hi, is this [Organization Leader's Name]? Hi, [Name] This is [Interviewer's Name]. I'm one of the WPI students working with the ESF and Siusan Mackenzie, we're actually all here. We'd like to ask you a couple of quick questions, is now a good time? Also, do you mind if we record this so we can quote you on some of the things we talk about for our final report? So we're working with Siusan MacKenzie and the Emergency Services Foundation to better understand the experiences of children of emergency service workers and learn how we can better support these children. We wanted to discuss your experience with Ambulance Victoria, and what currently is being done to support these children at your organization, as well as what you think would be beneficial in terms of support options. Just for context, we may use this for our final report (which will be published on our school's website and potentially the ESF website), however, your identity will remain fully anonymous in any of these deliverables. First, do you mind telling us a bit about your experience at [Organization Name], and what you do? Do you do any work with the children of emergency service workers? Based on your experience, is there anything that you think these children would find particularly useful or helpful to support them and the day-to-day struggles they may face? • Is there anything that you have seen that does not work well for the children? • Do you think these services/strategies are well-known among parents and children? What do you think are some good ways of getting the word out there? • Is there anything that you think is both realistic and effective that we could do or recommend to these children? • Once we determine effective support strategies, do you think it would be best to provide these resources to the children or to the parents of the children? Or both? Is there anything else that you would like to see come out of our work, anything that would be beneficial to the children and their well-being?

Figure 20: Depicts the script, and corresponding questions, that was closely followed during the phone calls with sector/organization leaders. The script was adjusted to better suit a given leader's experience and background.