Part II
Section 10
Psychosocial support

Welfare Services in an Emergency Director's Guideline [DGL 11/15]

CIVIL DEFENCE

**Resilient New Zealand
Aotearoa Manahau**

New Zealand Government

Welfare Services in an Emergency
Director's Guideline for CDEM Groups and agencies with responsibilities for welfare services in an emergency [DGL 11/15]

Authority

This guideline has been issued by the Director of the Ministry of Civil Defence & Emergency Management pursuant to s9(3) of the Civil Defence Emergency Management (CDEM) Act 2002. It provides assistance to CDEM Groups and agencies with responsibilities for welfare services in an emergency to understand and work towards the welfare roles, structures, and responsibilities described in the National Civil Defence Emergency Management Plan 2015.

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Section 10 Psychosocial support

This section should be read in conjunction with the other parts and sections in the *Welfare Services in an Emergency Director's Guideline [DGL 11/15]*.

10.1 Introduction

Psychosocial support following an emergency involves focusing on the psychological and social interventions that will support community recovery.

Psychosocial support during an emergency and throughout the recovery period (irrespective of the duration) is about easing the physical, psychological, and social difficulties for individuals, families/whānau, and communities, as well as enhancing wellbeing.

Effective psychosocial recovery ensures that other aspects of the recovery process (e.g. rebuilding) do not result in further harm to individuals or their communities.

Agency responsible

The Ministry of Health and District Health Boards (DHBs) are the agencies responsible for coordinating the psychosocial support sub-function:

- at the **national level,** the Ministry of Health is the agency responsible for coordinating the provision of psychosocial support and is to provide the required health services by funding, planning, and providing services, including by contracting organisations, and

- at the **CDEM Group level**, DHBs are responsible for coordinating the provision of psychosocial support services (DHBs advise on non-government organisations and primary health organisations on the type and nature of services needed for ongoing psychosocial support).

Note: It is not expected that DHBs will be the sole provider of psychosocial support. DHBs will provide the coordination and advice to support agencies on the type and nature of services needed for ongoing psychosocial support.

Support agencies

Table 1 lists agencies that may be required to provide support to the psychosocial support sub-function.

Table 1 Support agencies for the psychosocial support sub-function

Agency	Level	Support
DHBs	Regional	To provide specialist public health, mental health, and addiction services along with referrals to non-government organisation providers.
Primary health organisations	Regional	To provide general practice and primary care services.

Agency	Level	Support
Ministry of Education	National and regional	To support schools and early childhood providers during an emergency or a traumatic incident by working alongside the traumatic incident teams or management teams of those schools and providers to assist them in responding to the emergency or incident and implementing an emergency response plan.
Ministry for Primary Industries	National and regional	To fund Rural Support Trusts and other organisations to provide psychosocial support to rural communities (meaning farming families and primary producers) after an emergency that affects the primary industry sector and that meets the Ministry's funding criteria.
Ministry of Social Development	National and regional	To provide information and resources to help individuals, families and whānau, and communities to connect to psychosocial support providers.
Te Puni Kōkiri	National and regional	To provide: • links to iwi and Māori providers (which can give psychosocial support and work with government agencies, local authorities, and CDEM Groups to ensure that Māori and others are supported) • advice on the most appropriate cultural responses to support Māori affected by an emergency.
New Zealand Red Cross	National and regional	To provide psychological first aid during emergencies and ongoing psychosocial and bereavement support services as required throughout recovery.
The Salvation Army	National	To provide psychosocial support, including pastoral support, from trained teams.
Victim Support	National	To facilitate access to approved counsellors (who will provide direct support to affected persons during and after an emergency).
	Regional	To provide access in an emergency to trained support workers who deliver direct emotional and practical support, information, and personal advocacy to affected persons during and after emergencies, crime, and trauma, and to facilitate access to approved counsellors as required.
Community-based organisations and networks	Regional	To assist affected persons to connect with social support and services.
Agencies and organisations that provide employee assistance programmes	Regional	To consider what support those agencies and organisations require in an emergency.

Further support   Support may also be provided by any other government agency or non-government organisation that can provide relevant advice or information, as shown in Table 2.

Table 2 Further support for psychosocial support

Agency	Level	Support
Public Health Units (PHUs)	Regional	Provide specialist public health services.
Pharmacies	Local	Can provide urgent medication and health advice in an emergency. May also support hospital pharmacies.

For further information on support agencies and the services they provide, see section 10.2.4 *Psychosocial support partners* on page 8.

Psychosocial support and the 4Rs

Reduction refers to the lessening of overall community risk of poor psychosocial outcomes. Reduction includes developing an understanding of the ways in which individuals and groups in the community could be particularly vulnerable in an emergency, and taking action to reduce vulnerability, including through building community resilience. Readiness activities can contribute to the reduction of risk. Effective preparedness for an emergency contributes significantly to the resilience of individuals and their community, and enhances psychosocial recovery.

Readiness includes preparation to ensure that:

- agencies are able to contribute to psychosocial support are identified, and relationships developed to enable a coordinated response during and following an emergency
- sufficient and appropriate agencies have the capacity and capability to facilitate a psychosocial response during and following an emergency, and
- sufficient and appropriate resources are available for psychosocial response and recovery.

Response involves ensuring that agencies work together to deliver services that contribute to psychosocial support and reduce any long-term negative psychosocial impacts on communities, families/whānau and individuals. Psychosocial considerations should be well integrated into and considered in all response activities.

Recovery begins with response and continues for an indeterminate period following the end of a formal emergency response, or over a transition period from response to recovery. Recovery activities are sustained for as long as required. Recovery involves activities which help restore social support structures, enabling individuals and communities to seek further support through business as usual channels. Community engagement should be used effectively in recovery planning to ensure communities retain their sense of ownership.

10.2 About psychosocial support

Most people will experience some psychosocial reaction in an emergency, usually within a manageable range. A smaller number may exhibit more extreme reactions in the short, medium, or long term and require more in-depth support.

The following section gives a general description of psychosocial support, including:

- the principles behind psychosocial support
- types of psychosocial support services
- roles and functions of a psychosocial support team
- psychosocial support partnerships, and
- relevant legislation.

10.2.1 Principles of psychosocial support

Psychosocial support is based on the following principles:

1. Most people will experience some psychosocial reaction, usually within a manageable range. Some may exhibit more extreme reactions in the short, medium or long term.

2. Most people will recover from an emergency with time and basic support.

3. There is a relationship between the psychosocial element of recovery and other elements of recovery.

4. Support in an emergency should be geared toward meeting basic needs.

5. A continuum from self-help to more intensive forms of support should be provided within a clear referral and assessment framework.

6. Those at high risk in an emergency can be identified and offered follow-up services provided by trained and approved community-level providers.

7. Outreach, screening, and intervention programmes for trauma or related problems should conform to current professional practice and ethical standards.

8. Readiness activity is an important component in creating effective psychosocial recovery planning.

9. Cooperative relationships across agencies, sound planning and agreement on psychosocial response and recovery functions are vital.

These principles are from the Ministry of Health publication *National Health Emergency Plan: Planning for Individual and Community Recovery in an Emergency Event*, available at www.health.govt.nz (search for 'planning for individual and community recovery').

A flexible and cooperative approach

CDEM Groups/local authorities need to be flexible and cooperative in their approach to working with their communities and organisations providing psychosocial support, throughout the 4Rs of emergency management.

All aspects of emergency management can have a positive impact on and contribute to psychosocial outcomes for individuals and communities.

10.2.2 Psychosocial support services and interventions

Psychosocial recovery is closely tied to the ways in which:

- basic needs are met, and
- support and other services are delivered.

Providing for and meeting basic needs (food, water, safety, shelter), normalising the recovery process (i.e. recognising that recovery is a normal process and will take time) and promoting the importance of wellbeing strategies, should be preferred over providing intensive forms of psychosocial assistance, particularly immediately following an emergency.

Research has shown that some interventions, if they occur too early in the psychosocial recovery process, have the potential to worsen distress and physical functioning, by over-burdening affected people and their family/whānau or community.

Psychological first aid

Psychological first aid refers to support for people soon after an emergency to reduce initial distress and foster short and long-term functioning. Most people affected by an emergency will experience a range of reactions but will recover with time and basic social support.

Note that psychological first aid differs to longer term psychosocial support for recovery.

Types of psychosocial support services

Psychosocial support services within a CDEM context may be direct (they meet people's immediate psychosocial needs) or indirect (services that build resilience or foster recovery). The ways in which services are provided (responsive, caring, practical, and respectful) are significant contributors to psychosocial wellbeing.

Some of the services that are offered following an emergency have been proven to increase distress and delay recovery. It is therefore important that volunteered psychosocial services be referred to the person responsible for managing liaison (see key psychosocial support roles in response on the next page).

For more information, refer to the Ministry of Health website at www.health.govt.nz (search for 'psychological first aid').

See *Volunteer Coordination in CDEM Director's Guideline for CDEM Groups [DLG 15/13]* available at www.civildefence.govt.nz (search for 'volunteer coordination DGL').

10.2.3 The psychosocial support team

The psychosocial support team is responsible for planning, relationship building, and establishing operational arrangements for psychosocial support.

The Psychosocial Support Coordinator

The Psychosocial Support Coordinator role should be assigned to senior DHB staff as part of DHBs' emergency response planning.

NB: Although mental health services may be actively involved in psychosocial response, the psychosocial coordination role may be the responsibility of some other member of that DHB or agency during the readiness, response, and recovery phase.

If a statutory agency (e.g. the Canterbury Earthquake Recovery Authority) is established by Government, the coordination role may be taken by that agency, during the recovery phase.

Reporting line

The Psychosocial Support Coordinator reports to the CDEM Group Welfare Manager in the Emergency Coordination Centre (ECC), and to the Director, Emergency Management at the Ministry of Health.

Role of the psychosocial support coordinator

The Psychosocial Support Coordinator is responsible for ensuring that the tasks described in the following sections are carried out (rather than carrying them out themselves):

- 10.3 *Reduction and readiness* on page 14
- 10.4 *Response* on page 19, and
- 10.5 *Recovery* on page 19.

The Psychosocial Support Team

The Psychosocial Support Coordinator should assemble a team to help them complete readiness tasks, and to perform key roles during response and recovery.

A pool of people may need to be identified and trained so that team members can be rostered appropriately during response and recovery.

Members of the psychosocial support team, including the Psychosocial Support Coordinator, need to have:

- an overall understanding of the nature, scope and principles of psychosocial support, throughout reduction, readiness, response and recovery
- familiarity with the CDEM framework, systems and structures
- familiarity with local support agency structures and processes, and their ability to deliver or contribute to psychosocial support
- an ability to work with people
- good organisational skills, and
- the ability to manage people and resources in high-stress situations.

Key psychosocial support roles in response and recovery

The following key psychosocial support roles may, in small-scale emergencies, be carried out by the Psychosocial Support Coordinator. As the scale of the response increases, the following roles may need to be delegated to other members of the psychosocial support team.

Liaison

Liaison is responsible for managing organisations and individuals who offer psychosocial support services. Depending on the scale of the response, there may be several people in this role, at different locations.

Psychosocial Recovery Coordinator

A separate Psychosocial Recovery Coordinator may need to be appointed to lead the long to medium-term psychosocial recovery process.

Psychosocial support delivery locations

Response locations

During response, Psychosocial Support Coordinators and liaison staff may be based at DHBs, coordination centres, Civil Defence Centres (CDCs), health centres or other sites, depending on the circumstances.

During recovery, psychosocial support personnel may be based at recovery offices.

10.2.4 Psychosocial support partners

The psychosocial support team is expected to work within established systems used in CDEM. The team will need to work with CDEM Groups (including local authorities) community-based organisations, and non-government organisations. These arrangements may be used to support any lead agency in managing an emergency.

Relationships with partner agencies need to be well developed and maintained prior to an emergency.

Internal partners

Internal partners within a DHB include:

- the Public Health Medical Officer of Health, and
- the DHB Incident Management Team (IMT) which includes key representatives from emergency services and support agencies.

External partners

External partners include:

- emergency services
- iwi organisations
- hapū and iwi Māori, and marae communities
- Māori health providers
- funded community-based organisations and voluntary community groups, including (but not limited to):
  - faith-based groups
  - culturally and linguistically diverse (CALD) community groups
  - service organisations
  - groups supporting vulnerable people, and people with disabilities (including those for whānau/families), and
  - rural support networks, providers, or groups.

Key support agencies and activities

Table 3 on the next page shows the agencies that provide key support to the psychosocial support sub-function, at national and/or regional levels, and across readiness, response, and recovery.

Table 3 Key support agencies and activities

Organisation	Readiness	Response	Recovery
Ministry of Health (national level)	Provide clear and consistent advice to DHBs regarding expectations, roles and responsibilities in psychosocial support in an emergency. Work with DHB emergency management teams and others (e.g. public health, managers of mental health services) to ensure arrangements are agreed for the provision of psychosocial support. Provide and revise national psychosocial guidance.	Establish a national health coordination centre and operate a psychosocial subgroup, working with DHBs. Provide technical and clinical advice. Commission and coordinate national resources. Provide coordination and leadership to DHBs and national agencies. Provide the required health services through funding, planning, and service provision, including contracting organisations. Establish a national reference group to provide oversight of psychosocial framework, as required.	Work with DHBs and other agencies throughout recovery period as necessary. **Note**: the coordination of recovery may be led by a new agency in some emergencies (e.g. the Canterbury Earthquake Recovery Authority).
District Health Boards (regional and local levels)	Ensure well-developed Coordinated Incident Management System (CIMS) structure, including the provision for psychosocial support. Establish local teams and ensure relationships are in place to provide for psychosocial support in an emergency. Ensure local plans identify vulnerable clients/groups. Ensure plans include strategies to manage changes in demand over recovery period (5-10 years). Services (including primary health organisations) need to be prepared for fluctuations in demand (not simply for increased service) following an emergency.	Establish the psychosocial support sub-function within CIMS structure. Provide immediate response as required. Coordinate the response of other/support agencies.	Develop medium to long-term recovery plans with other/support agencies. Adapt services to support recovery as required.

Organisation	Readiness	Response	Recovery
New Zealand Red Cross (national and regional levels)	Provide training and support for response teams (19 volunteer response teams with training in psychological first aid). Psychosocial recovery training available for individuals, agencies and communities working in recovery. Support for people bereaved in an emergency.	Participate in outreach assessments and psychological first aid, including referral for individuals needing further support as required. Provide psychosocial recovery public information sessions. Contribute to public messaging. Provide additional psychological first aid training as required.	Provide ongoing local support as required including training, particularly for psychological first aid.
Victim Support (national and regional levels)	Maintain workforce training and capacity within regions. Volunteer workforce trained for immediate response, including referrals.	Provide immediate and/or ongoing support for victims as required. Assess the immediate needs for trained support workers to respond to the scene of an incident, or if the needs for victims are more relevant in the recovery phase.	Continue response activities throughout the recovery phase as required.
The Salvation Army (national and regional levels)	Maintain workforce training and capacity within regions. Volunteer workforce trained for immediate response, including referrals.	Provide support workers immediately. Internal support also available.	Support to be determined once consequences of the emergency have been assessed.
Te Puni Kōkiri (national and regional levels)	Maintain capacity within regions. Establish and maintain networks with key stakeholder groups, including local iwi, to support response as required.	Contribution as part of local response, particularly in terms of ensuring the needs of iwi, hapū and whānau are identified and met.	Ongoing participation in local recovery.

Organisation	Readiness	Response	Recovery
Ministry for Primary Industries (national and regional levels)	Establish and maintain networks with key stakeholder groups to provide response as required, for example, contracts with Rural Support Trusts. Chair and coordinate the National Adverse Event Committee (NAEC).	Activate National Adverse Events Committee (NAEC). Ensure regional and local rural networks are activated and operating under the coordination of the psychosocial subgroup led by DHBs.	Ongoing local support and participation in recovery through Rural Support Trusts, and other rural psychosocial support providers (e.g. Rural Women New Zealand). Establish Agricultural Recovery Facilitator(s) where necessary, to coordinate across rural agencies' activities on farms and with primary sector producers.
Ministry of Education (national and regional levels) and schools (local level)	Ensure Traumatic Incident (TI) teams are in place. Train TI teams. Ensure schools have plans in place to respond to emergencies.	Deploy TI teams as necessary. Support schools and school communities.	Work with other agencies as required to support recovery process.
Ministry of Social Development (MSD) (national and regional levels)	Establish networks and maintain readiness Build capacity and capability through provider and community leadership development at a local level. Ensure networks in place with key stakeholder groups to provide a response as required. Ensure MSD infrastructure, plans and processes are in place which can be implemented as required in an emergency situation.	To facilitate access to psychosocial support providers by providing information and resources to help individuals, families, whānau, and communities.	Continue response activities throughout the recovery phase as required, including transitioning recovery support processes into business as usual.

Community based organisations

Community based organisations and networks play a key role in assisting affected people to connect with social support services in their communities during and following an emergency.

Further support from key partners

Table 4 shows the key partner agencies who may provide further support to the psychosocial support sub-function.

Table 4 Further support from key partners

Organisation	Readiness	Response	Recovery
Save the Children NZ	Ensure staff are trained to set up Child Friendly Spaces during and after emergencies. Child Friendly Spaces kits established. Maintain trained staff and other resources. Work with local agencies as required. Develop and maintain links with NZ Red Cross.	Provision of programmes in Child Friendly Spaces during and after emergencies.	Provide advice and assistance to other organisations and deliver resilience programmes to children and caregivers (e.g. Journey of Hope).

For more information about *Child Friendly Spaces*, refer to the Save the Children NZ website at www.savethechildren.org.nz (search for 'child friendly spaces programme').

Awareness of contribution to psychosocial support

Organisations working in the CDEM environment need to be made aware of the ways in which they contribute to psychosocial support.

The ways in which other welfare services are delivered can be important in supporting psychosocial response and recovery. For example, the ways in which the welfare registration and needs assessment sub-functions are undertaken can:

- assist in identifying people in need of urgent or further support
- facilitate an early and effective response, and
- reduce long-term psychosocial distress.

Managing volunteered psychosocial services

While spontaneous volunteers may have roles to play in psychosocial support, only trained volunteers should be used for the delivery of specialised psychosocial support services.

The immediate response to an emergency may attract groups or individuals offering a range of psychosocial support services. These services are often offered as 'counselling' for individuals distressed as a result of the emergency.

Any psychosocial outreach, screening, or intervention programmes for people affected by an emergency should conform to current professional practice and ethical standards, and be delivered by trained and vetted volunteers (e.g. psychological first aid delivered by New Zealand Red Cross personnel).

The use of ineffective or unsafe techniques should be discouraged. Expertise in delivering services is vital. A number of interventions – including large-scale education, early forms of support, and more specialist mental health interventions – all have the potential to do unintended harm.

See the *Volunteer Coordination in CDEM Director's Guideline [DGL 15/13]* for more information, which is available at www.civildefence.govt.nz.

10.2.5 Relevant legislation

There are several pieces of legislation that CDEM Groups/local authorities need to comply with when they are working with psychosocial support agencies, including:

- *Health and Safety in Employment Act 1992*

- *Employment Relations Act 2000*

- *Human Rights Act 1993*

- *Vulnerable Children Act 2014*

- *Accident Compensation Act 2001*

- *Privacy Act 1993:*

  - *Health Information Privacy Code 1994* (in relation to health agencies), and

  - *Civil Defence National Emergencies (Information Sharing) Code 2013.*

10.3 Reduction and readiness

Risk

Risk to psychosocial wellbeing may be impacted on by a number of risk factors, some of which can be managed or reduced. Other factors may not be able to be reduced, but will inform the nature of response and recovery. Examples of factors that may increase the risk of delayed psychosocial recovery include:

- socio-economic factors

- major property damage

- low levels of social and personal support

- physical injury (including the perception of risk to life during the emergency)

- exposure to mass violence

- ongoing financial pressure

- human factors relating to the emergency (e.g. neglect, attribution of blame)

- breakdown of social networks and social support

- past and current mental health or addiction problems, and

- other stressful events, not necessarily related to the emergency.

Vulnerability

Little is known about how these risk factors combine, and why some people in similar situations are more at risk of delayed psychosocial recovery than others.

In assessing risk and planning for the reduction of risk, it is important not to assume that a particular population group is inherently more vulnerable, unless there is evidence to support this. Even where a group is vulnerable in terms of their psychosocial wellbeing, this needs to be considered in light of protective factors and resilience (community, family/whānau and individual).

Protective factors include:

- being prepared for an emergency

- strong family and community networks, and

- access to information on coping.

Vulnerable groups	Vulnerable groups include:

- children: particularly where there is a high level of distress in other family members

- health workers and other response workers, particularly those who have a high level of exposure to traumatic events

- older adults, if they are isolated from their usual networks and support.

- people with disabilities living alone or in supported accommodation

- people living with mental illness (including addictions) who are unable to access treatment or who are socially isolated

- people for whom English is not a primary language, and

- people who have recently moved into an area and do not have social support networks in place.

At risk communities	Particular communities within the population may be at increased risk for poor psychosocial recovery. For example, Māori and Pacific peoples generally have poorer health outcomes than the rest of the New Zealand population. This could be factored into planning for risk reduction and readiness, particularly for pandemic planning.

10.3.1 Readiness

Effective community preparedness for an emergency contributes significantly to the resilience of a community and enhances psychosocial recovery.

Initial preparation

The following psychosocial support tasks are to be carried out **before** an emergency.

Gathering local area information	One of the responsibilities of the Psychosocial Support Coordinator is gathering information that will help develop their processes for use in an emergency. This includes developing an understanding of:

- networks that exist in communities, and

- local background facts, including demographics that may identify population groups that may require additional or targeted psychosocial response during or following an emergency.

The views of Māori, culturally and linguistically diverse (CALD) communities and people with disabilities and their families and whānau must be included. Communities should be encouraged to identify their strengths as well as potential vulnerabilities.

Understanding CDEM structures and processes

The Psychosocial Support Coordinator needs to have an understanding of:

- CIMS
- the Welfare and other related CIMS functions such as Public Information Management (PIM), Operations and Logistics
- CDEM Groups, including local-level CDEM:
- Welfare Coordination Groups (WCGs) and local welfare committees
- CDEM Group and local plans including welfare plans, and
- public education programmes and volunteer coordination programmes.

Risk identification and management

The provision of psychosocial support following an emergency can present risks for those operating in an unstable physical environment. The level of risk depends on variables such as the nature of work, the environment in which the work takes place, and the systems that are in place to guide those working in that environment.

This is particularly important given that people involved in activities that are part of a psychosocial response will be volunteers, both trained and spontaneous.

Organisations working with the Psychosocial Support Coordinator need to have risk management plans in place. In identifying risks, ensure that systems are in place to manage the psychological impact on people providing psychosocial support, particularly immediately following an emergency.

Readiness assessments

Each DHB will need to conduct an assessment to consider:

- the activities to be undertaken prior to an emergency (reduction and readiness)
- the provision of psychosocial support in an emergency (response)
- how this can best be led
- which agencies, groups and organisations need to be part of a local psychosocial response, and
- the processes that need to be in place for managing medium to long term psychosocial recovery.

Capability and capacity

Readiness includes preparation to ensure that:

- agencies able to contribute to psychosocial support are identified and relationships developed to enable a coordinated response during and following an emergency

- there are sufficient and appropriate agencies to facilitate a psychosocial response during and following an emergency, and

- training needs are identified and training put in place.

DHB Psychosocial Support Coordinators should ensure that members of the organisations listed in key support agencies for psychosocial support are included in their psychosocial teams. This should include identifying the strengths and resources of each agency, as well as the networks those agencies have in place.

Fostering relationships

Although DHBs are responsible for coordinating psychosocial support at regional and local levels in an emergency, this cannot be undertaken in isolation. Relationships need to be in place with key support agencies and organisations.

Community networks

Because resilient communities contribute to psychosocial recovery, the Psychosocial Support Coordinator should ensure that community networks are engaged throughout the readiness process. These should include local iwi Māori networks and other CALD community groups reflected in local populations, as well as representatives of isolated or remote rural communities and people with disabilities.

Psychosocial support is reliant on helping communities and people to help themselves by means of basic support and by normalising the variety of responses that occur.

Training and exercises

CDEM training at national, regional, and local levels should include an understanding of psychosocial support.

Training should identify core competencies, including:

- understanding of the principles of psychosocial support

- coordination roles and responsibilities

- cultural competency and awareness, and

- disability awareness and equity.

| | | **Exercise programmes** | CDEM exercise programmes should include a psychosocial support component. This will help embed the principles of psychosocial support into all aspects of emergency management, rather than it being perceived as an unrelated activity. |

Exercise programmes | CDEM exercise programmes should include a psychosocial support component. This will help embed the principles of psychosocial support into all aspects of emergency management, rather than it being perceived as an unrelated activity.

Staff wellbeing | Training and readiness activities should also include the establishment of systems to safeguard the wellbeing of staff involved in responding to emergencies.

Readiness activities for psychosocial recovery

Readiness activities for psychosocial recovery include:

- psychosocial recovery planning

- training and exercising

- public education and PIM

- business continuity planning, and

- increasing community capacity and capability.

Table 5 is adapted from the Ministry of Health guideline, *Planning for Individual and Community Recovery in an Emergency Event: Principles for psychosocial support (2007)*, available at www.health.govt.nz (search for 'planning for community recovery')

It sets out examples of activities agencies can engage in as part of readiness for psychosocial recovery.

Table 5 Readiness activities for psychosocial recovery

		National actions	Local and regional actions	Other agency actions
Readiness phase	Communication and liaison	Develop and distribute information about how people react to emergencies, including information about recovery times, where to seek help, how to self-help etc. Liaise and coordinate with stakeholders to develop relationships in anticipation of an emergency.	Link with and engage in training with stakeholder agencies to develop community and organisational readiness (including local iwi and hapū). Develop public education including web-based resources. Form relationships with groups that may be considered vulnerable.	Identify extra resources that may be needed by vulnerable client groups during an emergency. Aim to work in synergy with the CDEM Group/local authority. Have input to the CDEM Group through the DHB Psychosocial Support Coordinator.

10.4 Response

Response involves ensuring that agencies work together to deliver services that contribute to psychosocial support and reduce any long-term negative psychosocial impacts on communities, family, whānau, and individuals.

The aim of psychosocial support during response is to ensure that assistance and support is directed towards the provision of basic physical needs, family reunification, restoring social/community connections and recognising and supporting resilience.

Initial response

After an emergency, psychosocial recovery is closely related to having basic needs met (including safety, shelter, and appropriate medical intervention for any injuries). Even in an emergency that does not include major disruption or loss of life, immediate basic needs are likely to be most pressing.

Activities that take place during the immediate response to an emergency often form the basis of effective psychosocial recovery. At the early stages of the response, this may not be through separate activities, but through the ways in which services are delivered. For example, keeping families together when providing emergency or temporary housing, enabling children to have safe spaces in which to play and maintaining good communication with individuals and communities, all contribute to enhanced recovery.

Transition to recovery

There is not necessarily a defined interval after which psychosocial response becomes psychosocial recovery. Psychosocial support is provided as a continuum throughout response and recovery, with services changing to meet needs.

The effectiveness of response at all levels will contribute to recovery.

10.5 Recovery

Recovery is closely related to response, but continues for an indeterminate period following the end of a formal response, or over a transition period from response to recovery.

Psychosocial recovery involves all members of the community and can be long-term, but continues on average for 3-5 years following a major emergency. The additional impacts of an aftershock sequence following a major earthquake for example, or repeated weather-related emergencies, are likely to extend the recovery period.

Psychosocial recovery activities

Psychosocial recovery activities may include:

- implementing a 'whole of community' recovery plan (developed during readiness)

- developing a recovery plan for specific communities affected by an emergency

- developing processes to maintain the wellbeing of staff who may themselves be affected by the emergency

- allocating responsibilities and clarifying reporting lines for the delivery of psychosocial recovery activities, and

- identifying funding sources that may assist in developing resources for psychosocial recovery.

Ongoing roles and responsibilities

As the length of the recovery period following an emergency is indefinite, DHB(s) leading psychosocial recovery will need to continue to determine the ongoing roles and responsibilities of other agencies leading or supporting key aspects of the psychosocial recovery process.

Leadership

A steering group or other governing body may be required to

- guide the recovery process

- identify issues as they emerge

- ensure timely and accurate reporting to the Ministry of Health and other government agencies, and

- maintain the momentum of the recovery process.

Because psychosocial recovery is so closely related to other aspects of recovery, the governing body should ensure that links are formed with key agencies directly involved in the wider recovery process.

Appendix A Information applicable to all welfare services

This section provides overarching information applicable to all welfare services.

A.1 Welfare services agency representation

Some government agencies responsible for the coordination of the welfare services sub-functions do not have a presence in all communities.

Where agencies are not represented at the regional or local level, those agencies need to identify how they will fulfil their responsibilities. This may include:

- identifying alternative agencies or organisations to coordinate or support the delivery of the welfare services sub-function, or

- deploying personnel into the region or local area.

Agencies should work with the CDEM Group/local authority to identify alternative agencies/organisations present in the local community. These organisations may be non-government, community-based, or voluntary.

See the *National CDEM Plan 2015*, the *Guide to the National CDEM Plan 2015*, and the sections in Part II *Welfare services* of this guideline for details of the agencies responsible for, and who support the welfare services sub-functions.

A.2 Human rights

New Zealand's human rights commitments

The provision of welfare services to people affected by an emergency, either via a CDC or in a community setting, must contribute to ensuring that New Zealand meets its national and international human rights commitments.

See the Human Rights Commission website www.hrc.co.nz under the 'Your rights' tab for more information.

Age, people with disabilities, and people from CALD communities

Consideration must be given to providing access to welfare services to people of any age, people with disabilities, and people from culturally and linguistically diverse (CALD) communities. For example, people with disabilities require welfare services to be delivered in a disability-inclusive way, and will work with CDEM to achieve this. CALD community members often have specific requirements around social interaction, food, prayer, or gender which must be considered when planning for the delivery of welfare services.

More information

For more information and a list of relevant statutory documents, refer to the MCDEM publications:

- *Including people with disabilities: Information for the CDEM Sector [IS 13/13]*

- *Including culturally and linguistically diverse (CALD) communities: Information for the CDEM Sector [IS12/13].*

Along with the resources listed above, see Part I of the *Welfare Services in an Emergency Director's Guideline [DGL 1/15]* (Appendix H *Accessibility*).

These are available at www.civildefence.govt.nz (search for the document name).

A.3 Working with communities

An inclusive approach

An emergency can be a stressful and emotional experience, which may impact or compound any existing difficulties or issues that people are facing. At the local and regional levels, consideration must be given to vulnerable and hard to reach communities, acknowledging that they may have:

- specific challenges to address

- skills and strengths that may contribute to welfare services delivery.

Considerations

Consider when planning:

- age

- gender

- children and young people

- people living alone

- elderly

- health and disability issues

- mental health and general health issues

- drug or alcohol dependency

- cultural requirements

- ethnicity and language

- socio-economic status

- people with companion animals

- isolation, and

- people with unreliable or no internet access or mobile phone coverage**.**

Utilising community networks	Opportunities should be taken wherever possible to build links with existing community networks. These networks should be utilised to reach people requiring support in an emergency, with resulting arrangements formalised in local plans.
Culturally and linguistically diverse (CALD) communities	CALD communities have many strengths, including skills, experience, and language capabilities. CALD community networks are often well developed, with strong connections both within their own community and between communities. Partnering with CALD community leaders can enable appropriate and effective engagement and communication with community members.
People with disabilities	Working with people with disabilities and their wider networks of family/whānau, friends, and supporters provides an opportunity to gain an understanding of both the requirements and strengths of these members of the community. People with disabilities and disabled people's organisations provide expertise on the impact of disability. Disability service providers have technical and professional expertise, and may also have resources that can be drawn upon in an emergency.

A.4 Minimum standards in the Sphere Handbook

CDEM Groups/local authorities should take The Sphere Handbook: *Humanitarian Charter and Minimum Standards in Humanitarian Response* into account when planning for, setting up, and delivering welfare services.

The Sphere Handbook is one of the most internationally recognised sets of common principles and universal minimum standards in life-saving areas of humanitarian response.

The Minimum Standards include recommendations in water supply, sanitation, hygiene promotion, food security and nutrition, shelter, settlement, and non-food Items.

The Sphere Handbook is available at www.spherehandbook.org.

| Key considerations | Some of the key requirements (taken from the Sphere Handbook) to be considered when planning for people affected by an emergency are shown in Table 6. |

Table 6 Key considerations for planning for people affected by an emergency

Rights	Key requirements
Protection from	Poor health, disease and wellbeing
	Environment, weather, heat or cold
	Violence, crime or abuse
	Dangerous structures
Nutrition	Clean drinking water
	Food, baby food and pet food
	Cooking facilities, utensils and fuel
Water and Sanitation, Hygiene (W.A.S.H)	Clean water for washing
	Waste water, solid waste
	Hygiene, nappies, soap and disinfectant

A.5 Privacy, information sharing, and vetting

Information about welfare registrants, including personal information, will be shared with agencies contributing to the coordination and delivery of welfare services.

A privacy statement features as the first step in the registration process, and this must be understood and agreed to by all potential registrants. The privacy statement can be displayed by way of posters, hand-outs or on-screen if people are waiting to be registered (e.g. in a CDC).

Welfare registrars need to be trained in and must understand and abide by the provisions of the *Privacy Act 1993*. This Act controls how agencies collect, use, disclose and give access to personal information. Note that people have the right to request any information gathered about them under this Act.

See section 6 in Part 2 of the *Privacy Act 1993* which features 12 *Information privacy principles*.

The *Privacy Act 1993* is available at the New Zealand Legislation website: www.legislation.govt.nz or for more information refer to the Privacy Commissioner's website: www.privacy.org.nz .

Civil Defence National Emergencies (Information Sharing) Code 2013

The *Civil Defence National Emergencies (Information Sharing) Code 2013* (the Information Sharing Code) is a regulation issued by the Privacy Commissioner, and applies to **a state of national emergency only**.

The Information Sharing Code provides agencies with the authority to collect, use, and disclose personal information relating to an individual, in relation to an emergency.

The Information Sharing Code applies as follows:

- To assist with the effective management of the response to a national emergency, this code applies in relation to any emergency in respect of which a state of national emergency is in force.

- To assist with the recovery from a national emergency, this code continues to apply in relation to such an emergency for a further 20 working days after the date on which a state of national emergency expires or is terminated.

Specific criteria apply to the Information Sharing Code. For full details, refer to the *Civil Defence National Emergencies (Information Sharing) Code 2013* on the Privacy Commissioner's website: www.privacy.org.nz.

As stated above, the Information Sharing Code applies only to a state of national emergency. The *Privacy Act 1993* applies at all times including during and following any emergency.

Police Vetting Service

The New Zealand Police Vetting Service offers an online process for approved organisations to check the criminal records of potential or existing personnel, including volunteers.

Vetting requests cannot be made by individuals, and organisations must register in order to ask for Police vetting. To become an approved organisation, agencies must show that their personnel provide services or care for children, older people, people with special needs or other vulnerable members of society.

Vetting can only be carried out with the signed consent of the person being vetted. Organisations are expected to ensure the person being vetted is aware of the vetting process.

The standard turnaround time for completing a Police vetting process is 20 working days.

Police recommend that vetting of existing personnel including volunteers, is carried out on a regular basis, i.e. every two to three years.

An organisation must have information security procedures in place to protect the confidential information and any Police material they hold as a result of the vetting process.

More information about Police vetting is available at www.police.govt.nz.

Safety checking for the children's workforce

The *Vulnerable Children Act 2014* introduces new requirements for organisations funded by the government that employ people to work with children. Safety checking requirements are being phased in over several years.

Any agency working with children and young people must meet the approval obligations outlined in the *Vulnerable Children Act 2014*.

The *Vulnerable Children Act 2014* is available at the New Zealand Legislation website: www.legislation.govt.nz or for more information refer to the *Children's Action Plan* website: www.childrensactionplan.govt.nz.

Screening CDEM-trained volunteers

For information about screening processes for CDEM-trained volunteers, refer to the *Volunteer Coordination in CDEM Director's Guideline for CDEM Groups [DGL 15/13]* available at www.civildefence.govt.nz (search for 'volunteer coordination DGL').