



PSYCHOSOCIAL SUPPORT PLAN

2018-2021

Plan approval

This plan has been approved by Taranaki District Health Board chief executive.



Name: Rosemary Clements **Signed:**

Title: Chief executive

Date:

23 April 2018

Plan distribution

This plan is available to all Taranaki District Health Board staff via the Hospital intranet. Printed copies will be held by Taranaki District Health Board Emergency Management coordinator, Taranaki Emergency Management Office and stakeholders involved in the plan. The plan will be made available on request.

Contributors to the plan

Taranaki District Health Board:

- Mental Health Services Senior Management Group
- Health Emergency Management Group
- Psychosocial coordinator
- Emergency Management coordinator

Taranaki Civil Defence:

- Welfare Coordination Group
- Taranaki Emergency Management Office manager

Others:

- Midland Region Emergency Planners Group

Plan maintenance

The plan will be subject to regular review to ensure that outcomes are being achieved and amendments will be made as appropriate. Any amendments to the plan, other than those to supporting documents, will be notified to all interested parties.

The Taranaki District Health Board psychosocial coordinator and Emergency Management coordinator will maintain the plan.

They will:

- Ensure that the plan conforms to requirements set out from time to time by the Ministry of Health and Ministry of Civil Defence and Emergency Management
- Oversee the review, implementation, and maintenance of the plan
- Liaise with the Ministries of Health and Civil Defence, Taranaki Welfare Coordination Group, other District Health Boards and stakeholders
- Coordinate monitoring and evaluation activities.
- Ensure this plan is reviewed by 2021.

Plan duration and amendments

This plan remains current for three years from the date of approval by the Taranaki District Health Board. It will be subjected to regular review to ensure that outcomes are being achieved; amendments will be made as appropriate. Any amendments to the plan, other than those for supporting documents, will be notified to all interested parties.

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Abbreviations used within this plan

CALD	Culturally and linguistically diverse
CDEM	Civil Defence Emergency Management
CIMS	Coordinated Incident Management System
COMMS	Communications, e.g. radio, telephone, fax, email
DHB	District Health Board (includes hospital and contracted health services)
EOC	Emergency Operations Centre
IAP	Incident Action Plan
MCDEM	Ministry of Civil Defence and Emergency Management
MoH	Ministry of Health
MSD	Ministry of Social Development
NAEC	National Adverse Events Committee
NGO	Non Government Organisation
NWCG	National Welfare Coordination Group
OPM	Office of the Prime Minister
PIM	Public Information Management
TDHB	Taranaki District Health Board
TPK	Te Puni Kokiri
WCG	Welfare Coordination Group

Introduction

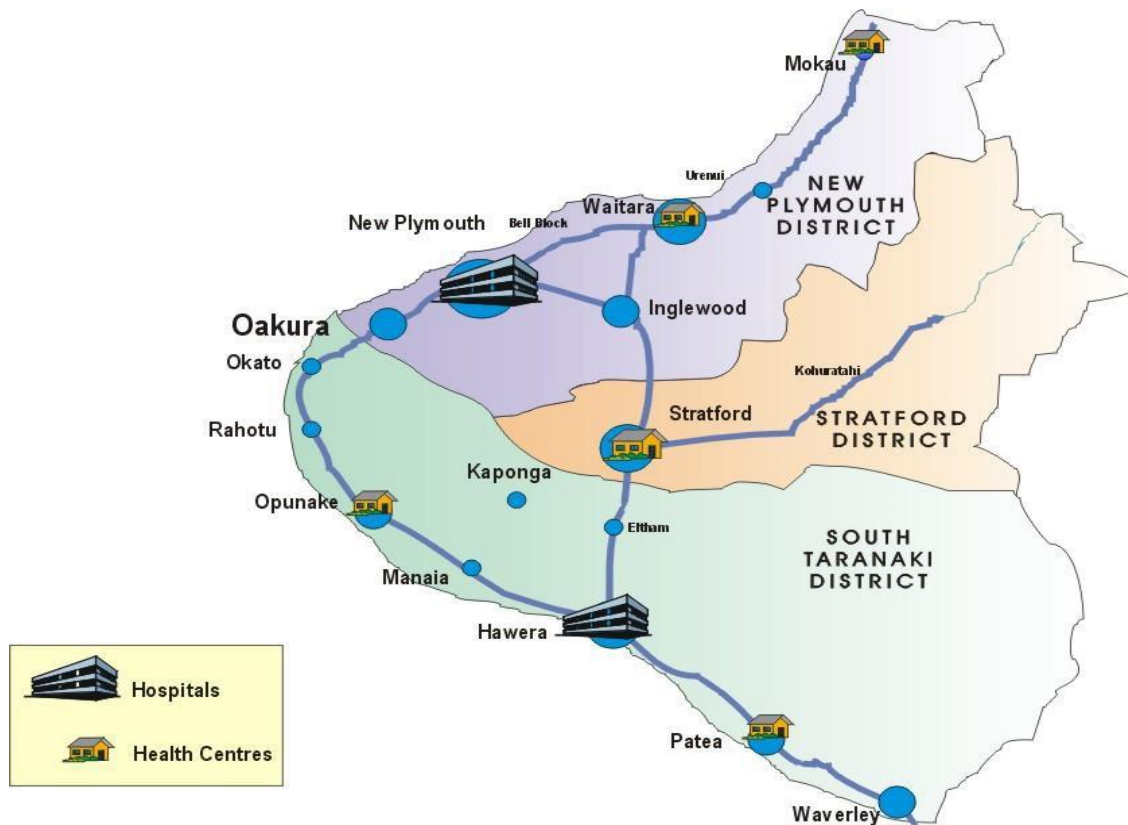
When individuals, families and communities are affected by an emergency there is an essential need to provide the right type of welfare assistance that supports the wellbeing of those affected. This includes psychosocial support.

Most people affected by an emergency will experience some level of distress. Some of those individuals will likely self-manage with the support of their existing support networks while others are likely to benefit from some level of psychosocial support. A small number may require an ongoing higher level of psychological intervention.

Psychosocial support is the process of meeting the physical, emotional, social, mental, cultural and spiritual needs of an individual and a community. This Psychosocial Support Plan (the plan) brings together the skills, resources and available services that can be utilised to assist those individuals, families, neighbourhoods and communities in need.

The objective of the plan is to identify and coordinate agencies and organisations that are able to provide any form of psychosocial support. Organisations are a critical part of a community's resilience; in an emergency, what they do and how they do it is the backbone to the delivery of successful welfare assistance.

Taranaki District Health Board, Taranaki Civil Defence and District Councils geographical boundaries



1. Strategy

1.1 Overview

Within *Welfare Services in an Emergency: Director's guidelines* (Ministry of Civil Defence and Emergency Management 2015b), psychosocial support is one of nine welfare sub-functions.

The strategy contained in the plan is based on the psychosocial support needed for the short, medium and long-term following natural, technological or human-made (unintentional and intentional) disasters. Lessons learned from recent emergency events across New Zealand and internationally will inform the plan to identify the anticipated needs of communities within the Taranaki Civil Defence Emergency Management Group region.

The plan provides an overview of psychosocial support and identifies the operational capacity to provide psychosocial support for individuals and communities. It will also list current capacity available from the various organisations. The plan includes brief reference to the 4Rs of emergency management – Risk reduction; Readiness; Response and Recovery.

The plan will be monitored, evaluated and revised to integrate new information and lessons learned to ensure continuous improvements in providing psychosocial support to the people and communities of Taranaki.

1.2 What is psychosocial support?

Psychosocial reflects the interrelationship between individual psychological and social factors. The psychosocial approach considers individuals in the context of the combined influence that psychological factors and the surrounding social environment have on their physical and mental wellness and their ability to function.

Psychosocial support during an emergency (no matter how long it lasts) is about easing the psychological, social and physical difficulties for individuals, families, whānau and communities. It is a non-therapeutic intervention that builds coping mechanisms, trust and hope for the future, enhancing wellbeing and helping people to recover and adapt positively to a changed reality after their lives have been disrupted.

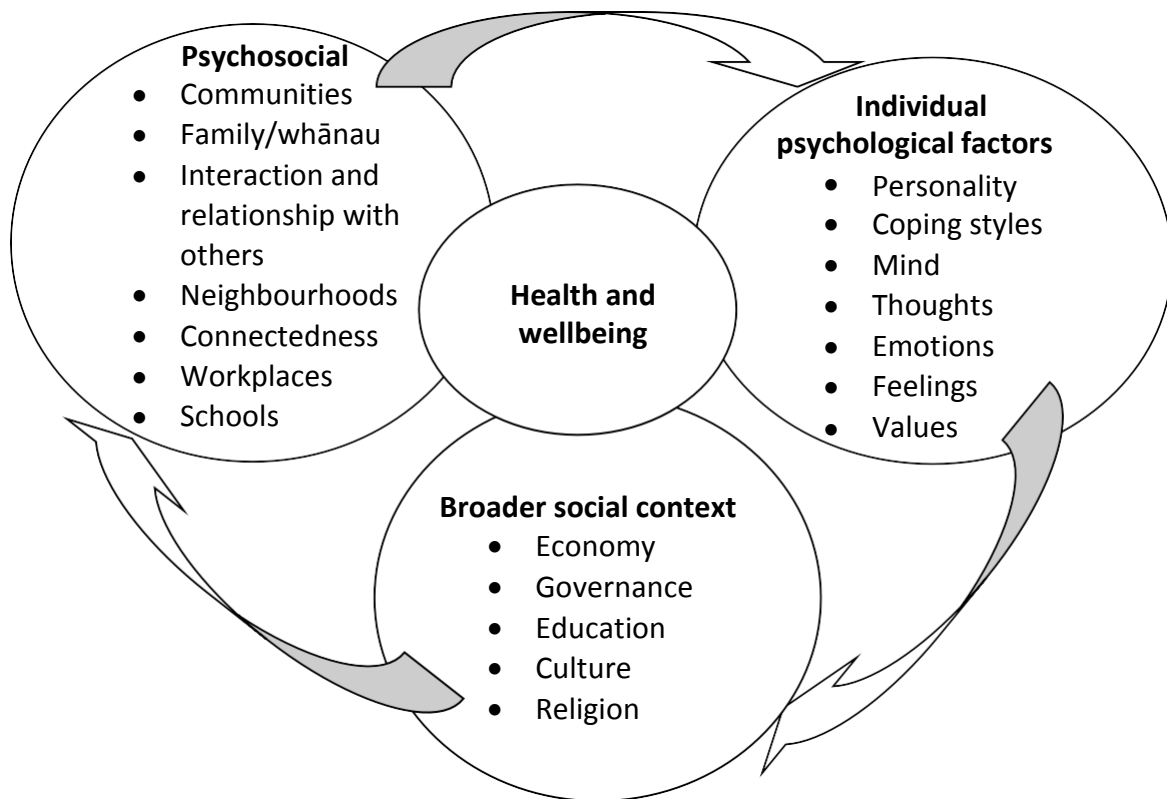
The primary objectives of psychosocial recovery are to minimise the physical, psychological and social consequences of an emergency and to enhance the emotional, social and physical wellbeing of individuals, families, whānau and communities.

In the first instance, families and communities are best placed to provide psychosocial support for each other. Therefore, interventions should focus on self-efficacy and community participation. The continuum of appropriate care and support includes that offered by caregivers, family members, friends, neighbours, teachers, health workers, victim support groups and other community members on a daily basis. A small proportion of people will need specialised psychological and social services.

Psychosocial support aims to improve psychosocial wellbeing, by:

1. Supporting and promoting human capacity (strengths and values)
2. Improving social ecology (connections and support, through relationships, social networks and existing support systems of people in their communities)
3. Understanding the influence of culture and value systems and their importance alongside individual and social expectations.

The relationship between individual psychological factors, social and psychosocial context



Key points/messages of psychosocial support

- ❑ Affected people are usually best cared for in their own community and by their own community
- ❑ Psychosocial support should not be a stand-alone intervention. There needs to be a longer-term, integrated approach to the needs of affected individuals and families
- ❑ Community-level support needs to be supplemented by government service providers and by supportive government policies.

1.3 Psychosocial support mandate

The roles and responsibilities of New Zealand's government agencies in an emergency are outlined in the National Civil Defence Emergency Management Plan Order 2015 (the National CDEM Plan). District Health Boards are the lead agencies responsible for coordinating the planning and delivery of psychosocial support. The Ministry of Health will coordinate any national-level assistance through the National Welfare Coordination Group (NWCG).

Support agencies responsible and involved in preparedness training and inclusion within the response teams are listed with their responsibilities noted on page 15 under the Response section.

The Taranaki CDEM Group is involved with and supports the development of a Taranaki DHB-led Psychosocial Support Plan.

A draft Terms of Reference (TOR) has been produced (Appendix 1) to clarify the Psychosocial Sub-group membership, function and responsibilities.

2. Psychosocial Support Plan

The psychosocial effect an event has on people should never be underestimated; neither should the length of time such support may be required. Support for affected people starts during the response phase and carries on throughout recovery.

People are affected by emergency events in different ways. People may be functioning well in society, but may still be severely affected closer to home. The level of support required by different individuals and communities is factored into the plan with a view to identifying likely vulnerable communities.

The type of event and the vulnerability of affected communities will dictate the support required at different levels and stages by the Taranaki CDEM Group and more specifically the Taranaki CDEM Welfare Coordination Group and other Local Welfare sub-functions. Early liaison with health and disability sector providers to identify those at risk will help ensure coordination of resources and that people receive the necessary support.

It is the responsibility of employers to ensure that their staff and volunteers involved in an emergency welfare response also receive effective support.

2.1 Objectives

- ☐ Identify and engage with agencies, iwi organisations and NGOs that are able to provide psychosocial and trauma support for individuals and families
- ☐ Build enduring relationships with these agencies
- ☐ To identify the regions capacity and capability to deliver psychosocial support
- ☐ Develop a Psychosocial Support Incident Action Plan (IAP)
- ☐ Exercise and review the plan.

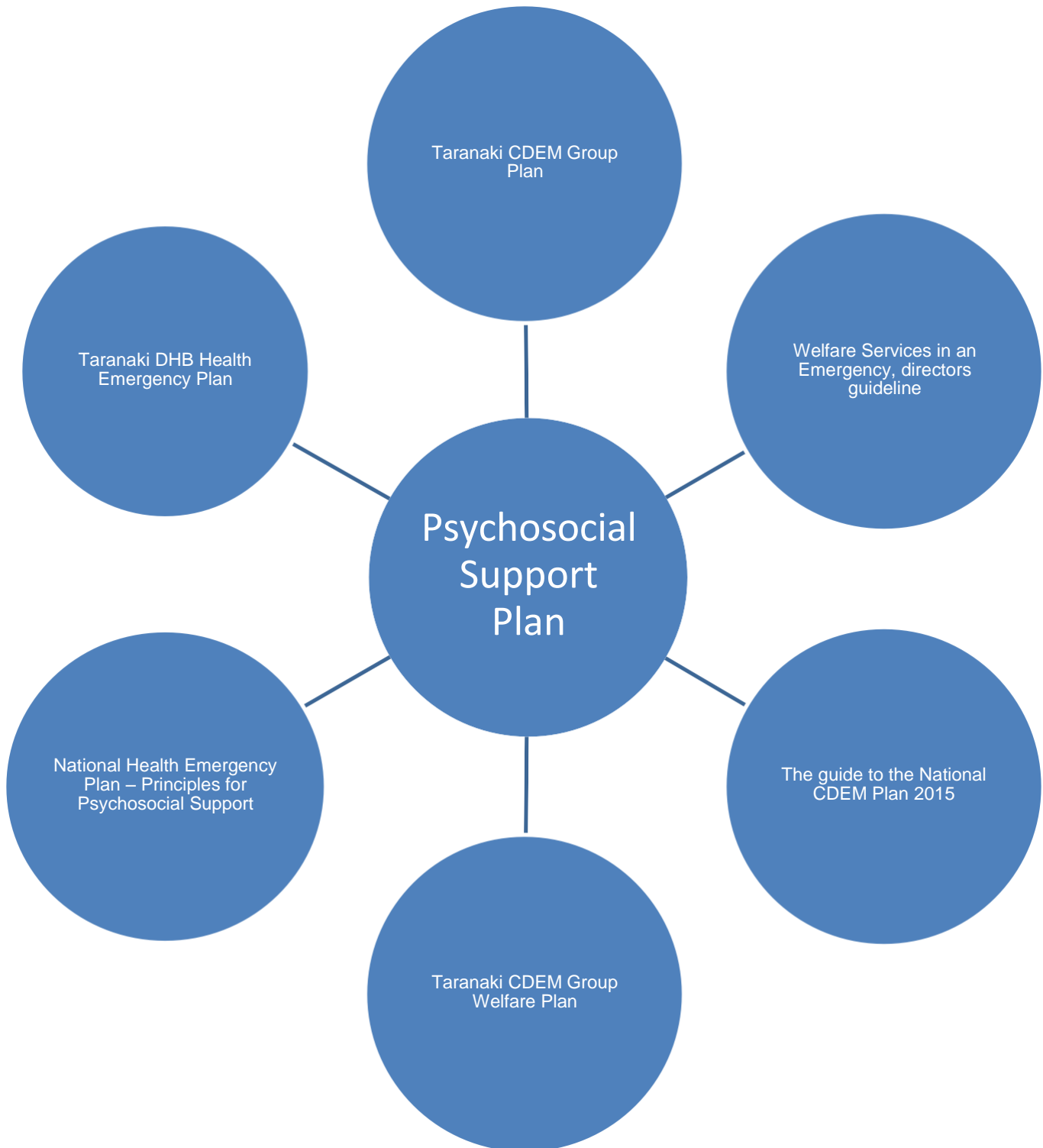
2.2 Scope of the plan

- ☐ Progress the relationship between the DHB and identified agencies involved in psychosocial support
- ☐ Confirm the process and rules for information sharing between the involved agencies
- ☐ Confirm roles and responsibilities of agencies involved in psychosocial support.
- ☐ Confirm at what stage of response and recovery the different agencies will be involved.

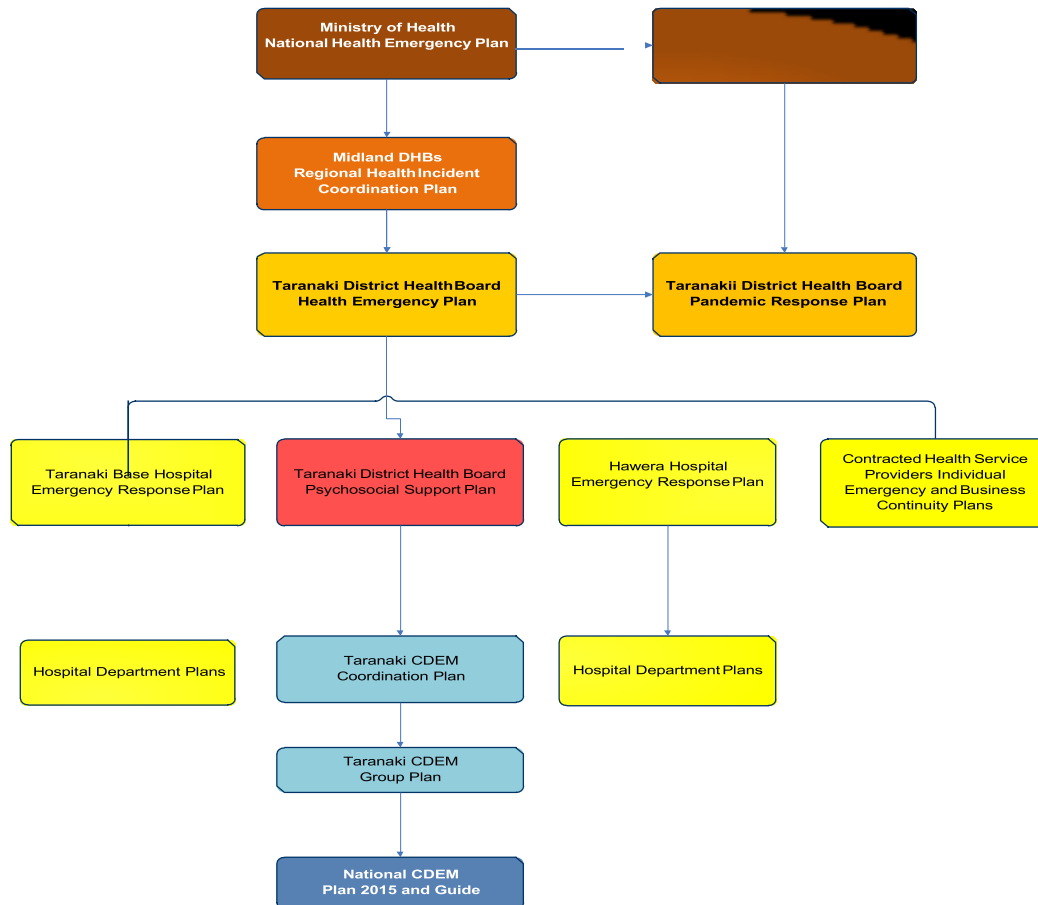
2.3 Beyond the scope of the plan

- ☐ Psychosocial support training will be addressed separately by the Ministry of Civil Defence and Emergency Management (MCDEM), Taranaki DHB and the Taranaki CDEM WCG Psychosocial Sub-group

2.4 Plan framework



2.5 Relationship with other MoH and DHB plans



2.6 Supporting documents and articles

- 🔗 National Health Emergency Plan (NHEP)
- 🔗 NHEP: Framework for Psychosocial Support in Emergencies
- 🔗 Ministry of Health: DHB Quick Guidelines to Psychosocial Subgroups
- 🔗 Psychosocial Recovery from Disasters: A Framework Informed by Evidence, NZ Journal of Psychology Vol 40, No 4, 2011
- 🔗 Welfare in an Emergency: Directors Guide for CDEM Groups
- 🔗 Taranaki CDEM: Group Welfare Plan
- 🔗 The Psychosocial Consequences of the Canterbury and Kaikoura Earthquakes: briefing papers from OPM
- 🔗 Red Cross Psychosocial First Aid: An Australian guide to supporting people affected by disaster.

3. Reduction

Risk reduction is about reducing the likelihood of hazards and/or reducing the potential consequences of those hazards. This plan has the ability and opportunity to lessen the vulnerability of the community by providing psychosocial support.

3.1 Taranaki hazards

The Taranaki region is subject to a wide range of natural hazards. The top 15 hazards of significance for the region include:

1. Volcanic eruption of Mount Taranaki
2. Infectious human disease and pandemic
3. Earthquake hazards
4. Flooding hazards
5. Animal epidemic
6. Volcanic distant ash fall
7. Infrastructure failure: dam
8. Tsunami
9. Infrastructure failure: water supply
10. Severe wind/storm/cyclone
11. Infrastructure failure: gas
12. Plant and animal pest incursion
13. Drought
14. Landslide
15. Infrastructure failure: electricity

3.2 The population

This section provides an overview of potentially vulnerable groups in the region and those that have particular needs to be considered during planning and response which may require additional time or resource to support.

Māori community

About 19 000 people in Taranaki identify as Māori, 14.9 percent of the total population. Psychosocial support acknowledges the importance of Māori models of health and is based upon partnership, participation and protection.

Vulnerable groups

Identification of potentially vulnerable groups and their needs should be addressed as part of building community resilience throughout the CDEM Group. These groups will be identified by social agencies and CDEM community emergency plans.

Potentially vulnerable populations or facilities include, in no particular order, and are not limited to:

- ☐ Low socio-economic areas and homeless people
- ☐ Elderly
- ☐ Households without vehicles
- ☐ Educational facilities
- ☐ Geographically isolated or rural areas
- ☐ Culturally and linguistically diverse (CALD) populations

- ☐ People with disabilities
- ☐ Healthcare facilities
- ☐ Correctional facilities
- ☐ Pet and livestock owners
- ☐ People with addictions
- ☐ People with mental health conditions
- ☐ People with violence issues

4. Readiness

4.1 Objectives of emergency readiness

- ☐ Build the capacity and capability of all health and disability services to effectively anticipate, respond to and recover from the impacts of emergencies
 - Facilitate individual, families, whānau and community response, adaptation and recovery
- ☐ Build the aspects of basic security, services and preparedness in anticipation of an emergency.

4.2 Training

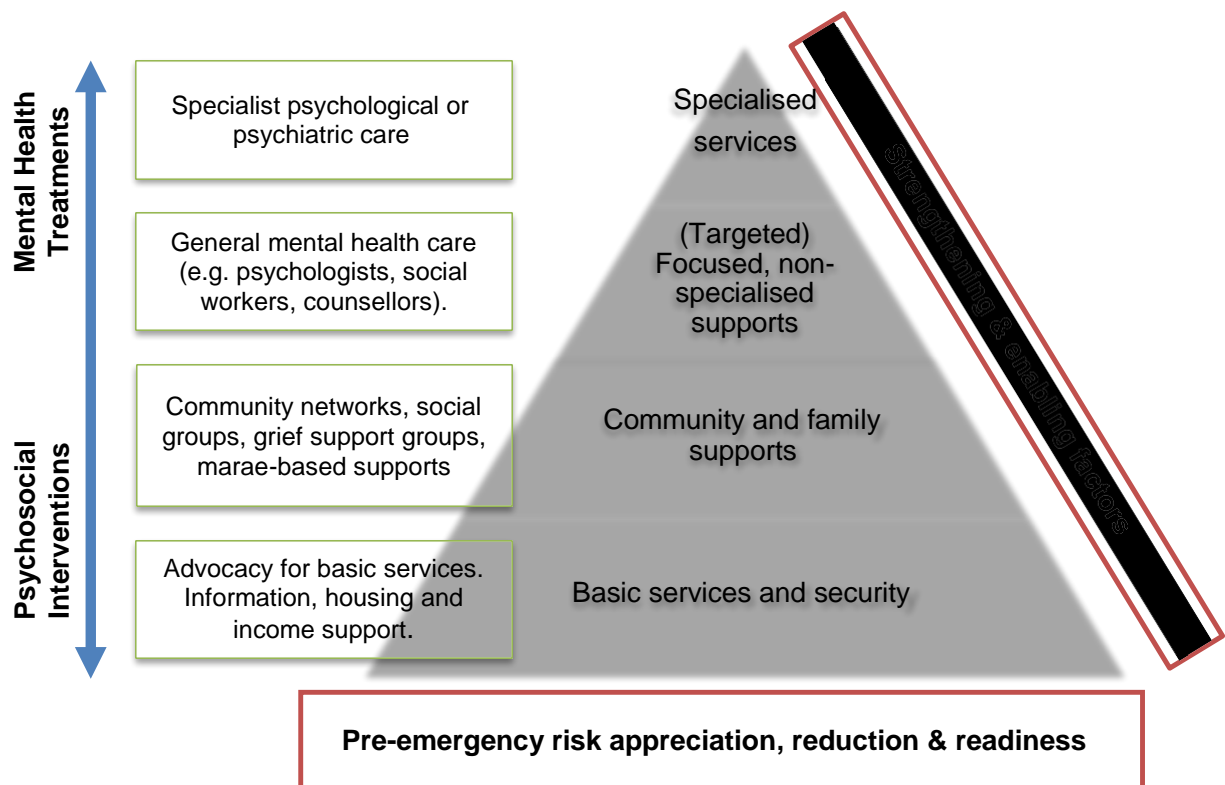
Local teams receive comprehensive training in psychosocial response, e.g. psychosocial first aid and Coordinated Incident Management Systems (CIMS). As with other aspects of emergency preparedness, this training should include regular exercises. Psychosocial response teams should be capable of responding to a local event, as well as being available for possible deployment nationally.

Taranaki Psychosocial support sector capability and Capacity are listed as Appendix 3 & 4 respectively.

5. Response

Psychosocial support response includes all actions and interventions taken during emergencies to minimise the psychosocial impacts on individuals, families, whānau and communities. Agencies must work together to deliver services in a time of crisis and uncertainty.

5.1 Tiered model of psychosocial interventions and mental health treatments



Source: Adapted from IASC (2007)

i. Basic services and security

The wellbeing of all people should be protected through the (re)establishment of safety and the delivery of services that address basic physical needs (food, shelter, water, basic healthcare and control of communicable diseases). In most emergencies, those involved in providing food, health and shelter offer basic services that impact on mental health and psychosocial wellbeing. A humanitarian approach is used to deliver services in a way that promotes mental health and psychosocial wellbeing.

ii. Community and family support

The second layer represents the emergency response for a smaller number of people who are able to maintain their mental health and psychosocial wellbeing if they receive help in accessing key community and family support.

In most emergencies, there are significant disruptions to family and community networks due to loss, displacement, family separation, community fears and distrust. However, even when family and community networks remain intact, people in emergencies will benefit from help in accessing greater community and family support.

Useful responses in this layer include family tracing and reunification, assisted mourning and communal healing ceremonies, mass communication on constructive coping methods, supportive parenting programmes, formal and non-formal educational activities, livelihood activities and the activation of social networks, e.g. through women's groups and youth clubs.

iii. Focused, non-specialised support

The third layer represents the support necessary for the still smaller number of people who additionally require more focused individual, family or group interventions by trained and supervised workers (but who may not have had years of training in specialised care). This layer also includes psychological support and basic mental healthcare by primary healthcare workers.

iv. Specialised services

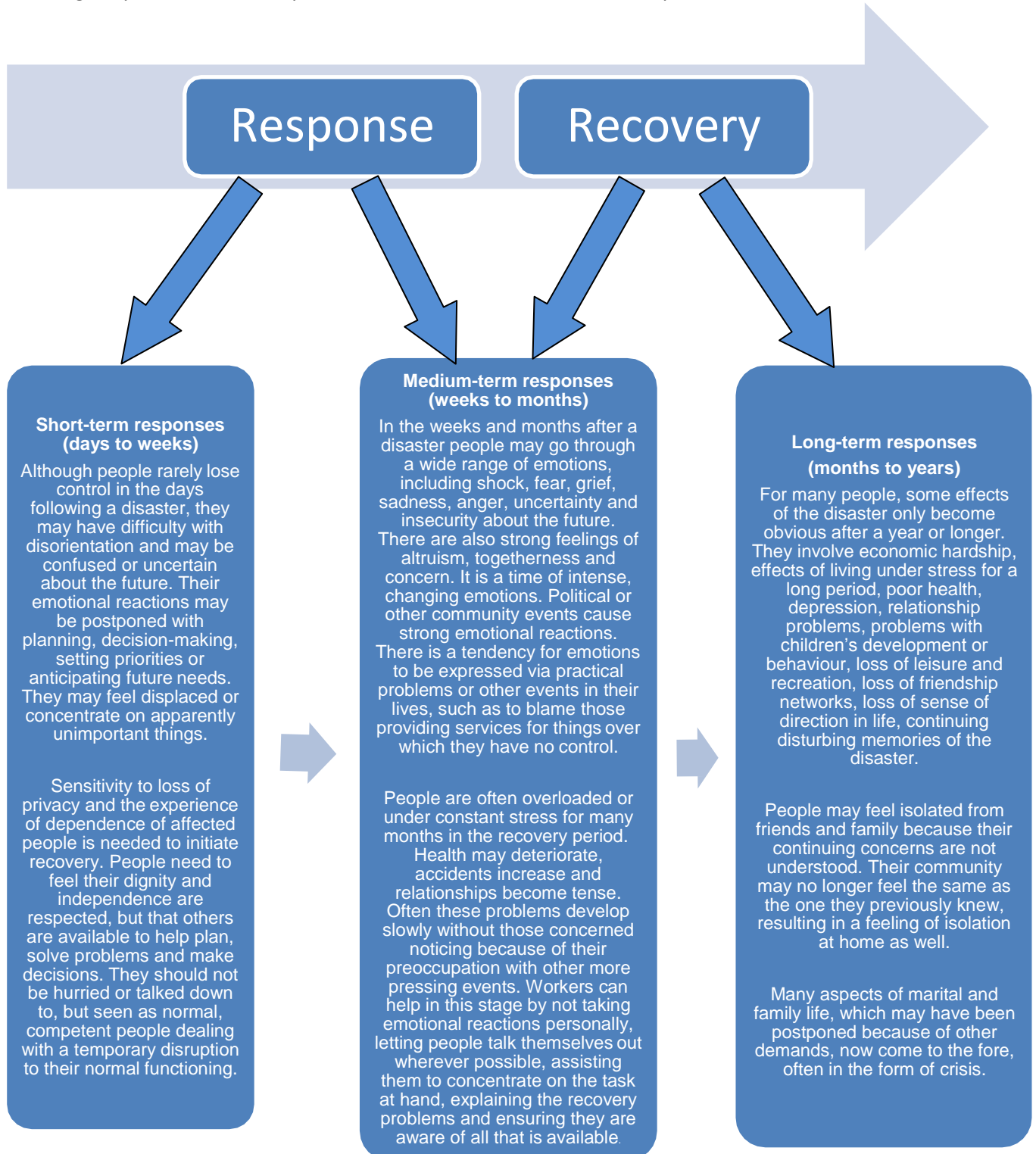
The top layer of the pyramid represents the additional support required for the small percentage of the population whose suffering, despite the support already mentioned, is intolerable and who may have significant difficulties in basic daily functioning.

This assistance should include psychological or psychiatric support for people with severe mental disorders whenever their needs exceed the capacities of existing primary/general health services. Such problems require either (a) referral to specialised services if they exist, or (b) initiation of longer-term training and supervision of primary/general healthcare providers.

Although specialised services are needed for only a small percentage of the population, an event could lead to an increased number of people requiring this level of support.

5.2 Response to recovery streams

Planning, response and recovery teams should take into account the 'response streams' noted below.



5.3 Roles and responsibilities of government agencies involved

The table below 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.

Organisation	Readiness	Response	Recovery
Ministry of Health (national level)	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Work with DHBs and other agencies throughout recovery period as necessary. <p>Note: the coordination of recovery may be led by a new agency in some emergencies (e.g. the Canterbury Earthquake Recovery Authority).</p>
District Health Boards (regional and local levels)	<ul style="list-style-type: none"> Ensure well developed CIMS structure, including the provision for psychosocial support. Establish local teams and ensure relationships are in place to provide 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 following an emergency. 	<ul style="list-style-type: none"> Establish the psychosocial support sub-function within CIMS structure. Provide immediate response as required. Coordinate the response of other/support agencies. 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Provide ongoing local support as required including training, particularly for psychological first aid.
Victim Support (national and regional levels)	<ul style="list-style-type: none"> • Maintain workforce training and capacity within regions. • Volunteer workforce trained for immediate response, including referrals. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Continue response activities throughout the recovery phase as required.
The Salvation Army (national and regional levels)	<ul style="list-style-type: none"> • Maintain workforce training and capacity within regions. • Volunteer workforce trained for immediate response, including referrals. 	<ul style="list-style-type: none"> • Provide support workers immediately. Internal support also available. 	<ul style="list-style-type: none"> • Support to be determined once consequences of the emergency have been assessed.
Te Puni Kōkiri (national and regional levels)	<ul style="list-style-type: none"> • Maintain capacity within regions. • Establish and maintain networks with key stakeholder groups, including local iwi, to support response as required. 	<ul style="list-style-type: none"> • Contribution as part of local response, particularly in terms of ensuring the needs of iwi, hapū and whānau are identified and met. 	<ul style="list-style-type: none"> • Ongoing participation in local recovery.

Organisation	Readiness	Response	Recovery
Ministry for Primary Industries (national and regional levels)	<ul style="list-style-type: none"> 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). 	<ul style="list-style-type: none"> Activate NAEC. Ensure regional and local rural networks are activated and operating under the coordination of the psychosocial subgroup led by DHBs. 	<ul style="list-style-type: none"> 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 rural agencies' activities on farms and with primary sector producers.
Ministry of Education (national and regional levels) and schools (local level)	<ul style="list-style-type: none"> Ensure Traumatic Incident (TI) teams are in place. Train TI teams. Ensure schools have plans in place to respond to emergencies. 	<ul style="list-style-type: none"> Deploy TI teams as necessary. Support schools and school communities. 	<ul style="list-style-type: none"> Work with other agencies as required to support the recovery process.
Ministry of Social Development (MSD) (national and regional levels)	<ul style="list-style-type: none"> Establish networks and maintain readiness Build capacity and capability through provider and community leadership development at a local level. Ensure networks are in place with key stakeholder groups to provide a response as required. Ensure MSD infrastructure, plans and processes are in place and can be implemented as required in an emergency. 	<ul style="list-style-type: none"> To facilitate access to psychosocial support providers by providing information and resources to help individuals, families, whānau, and communities. 	<ul style="list-style-type: none"> Continue response activities throughout the recovery phase as required, including transitioning recovery support processes into business as usual.
Save the Children NZ	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Provision of programmes in Child Friendly Spaces during and after emergencies. 	<ul style="list-style-type: none"> Provide advice and assistance to other organisations and deliver resilience programmes to children and caregivers (e.g. Journey of Hope).

5.4 Psychosocial Response Incident Action Plan (IAP):

Refer to Appendix 7: IAP template (to be completed on activation).

Incident Action Plan (IAP)
<p>📋 Planning and Operations need to complete the questions below to confirm the operational response and inform the controller (whether group or local)</p> <ul style="list-style-type: none">• Note this IAP refers to an 'all of event response'. If required note group/local responsibilities.
<p>Emergency event</p> <p>(answering these questions should drive secondary planning)</p> <ul style="list-style-type: none">• What is the nature of the event and the extent and impact on people?• How long is the event estimated to continue?• What type of psychosocial support is required?<ul style="list-style-type: none">– Short/medium/long-term– Agencies required? (see 5.2 Roles and responsibilities)– Who are the most vulnerable in the community affected?
<p>Situational summary</p> <ul style="list-style-type: none">• Group Emergency Coordination Centre/Emergency Operation Centre has been activated with the Taranaki CDEM Group in support?• Requests have been made to support the emergency operating area/local authority as they are unable to cope? <p>Situation in general:</p> <ul style="list-style-type: none">• Map coordinates/location?• Impact assessment?• Confirm support request to?• Should expect direct impacts of event?• Any geographical issues?• Support required from National Crisis Management Centre/National Welfare Coordination Group? <p>Situation in detail:</p> <ul style="list-style-type: none">• Location in detail: roads/logistical routes (air/rail, etc.)• Resources required and coordination• Group related issues• Local event related issues.
<p>Objectives</p> <ul style="list-style-type: none">• To save life and prevent further suffering• Advise controller on coordinated psychosocial welfare response to affected communities• Prepare planning for short-term, medium-term and long-term support• Confirm short-term plan activation• Produce Recovery Transition Plan – trigger for short-term moving to medium/long-term.
<p>Critical limiting factors</p> <ul style="list-style-type: none">📋 Intelligence to date?📋 Planning to date?📋 Current logistical restrictions?📋 Operational coordination requirements?📋 Welfare agency support requirements identification?

- Agencies required? (see 5.2 Roles and responsibilities)
 - Agencies unable to support? (see 5.2 Roles and responsibilities service constraints)
 - Access to most vulnerable groups (lack of landlines/roads/bridges)
- (Activate relevant advice groups or task to gather intelligence)**

Public Information Management (PIM)

- Draft key messages and a robust PIM plan for the event
- Agencies and controller sign off? (DHB & CDEM)

Public education and public awareness (PE&PA)

- Public communication networks utilised?
- Social media activated?
- What does the community want - indications?

(Immediate/short/medium/long-term)

Resources required

- To be identified by Planning & Intelligence and Logistics tasking
- Designate a prioritisation timeline
- Clarify agencies to supply and their requirements.

Response activation/deployment in detail

(Appendix 2 check list should be used here):

- Concept of operation
- Groupings (response team's configuration)
- Updated intelligence picture - event related issues
- Local related issues (numbers affected/initial issues)
- External CDEM hazard(s)
- Secondary hazards from main event
- Mission/taskings
- Central deployment/briefing location
- Confirmed deployment location(s) in detail
- Roads/logistical routes (air/rail etc.)
- Confirmed resources and coordination of resources deployment
- Communications deployment plan
- Operational control (CIMS structure)
- Reporting times
- Controlling call signs.

6. Recovery

The primary objectives of psychosocial recovery are to:

- minimise the physical, psychological and social consequences of an emergency
- enhance the emotional, social and physical wellbeing of individuals and communities.

Psychosocial recovery is not about returning to normality. It is about positively adapting to a changed reality. The best form of recovery is getting the community back to some form of normality as soon as possible. The community needs to own the solutions while also having the necessary support and advice on hand. Recovery may last for an indeterminate period, from weeks to decades.

The Recovery phase starts from day one of any emergency event and therefore planning for it must be part of the preparatory readiness work. Recovery also overlaps with the immediate response.

If the event requires a “local or national state of emergency” (under the CDEM Act), the controller (local, group or national) is required to carry out an official handover to the appointed recovery manager, ensuring all objectives have been met and the recovery phase plan/effort is robust enough to support the community’s needs.

As a response transitions into recovery the controller develops a transition plan. There may be a formal local transition period implemented by way of a Transition Notice. A Notice of Local Transition Period enables the Taranaki CDEM Group to assist recovery by providing the recovery manager (and sometimes a Police constable) with statutory powers, many of which mirror those of the controller during a response.

As part of the Taranaki CDEM Welfare Plan an oversight/coordination group may be set up. The membership of this Group should be agreed by the controller or CDEM coordinator, recovery manager, welfare manager and the WCG chair.

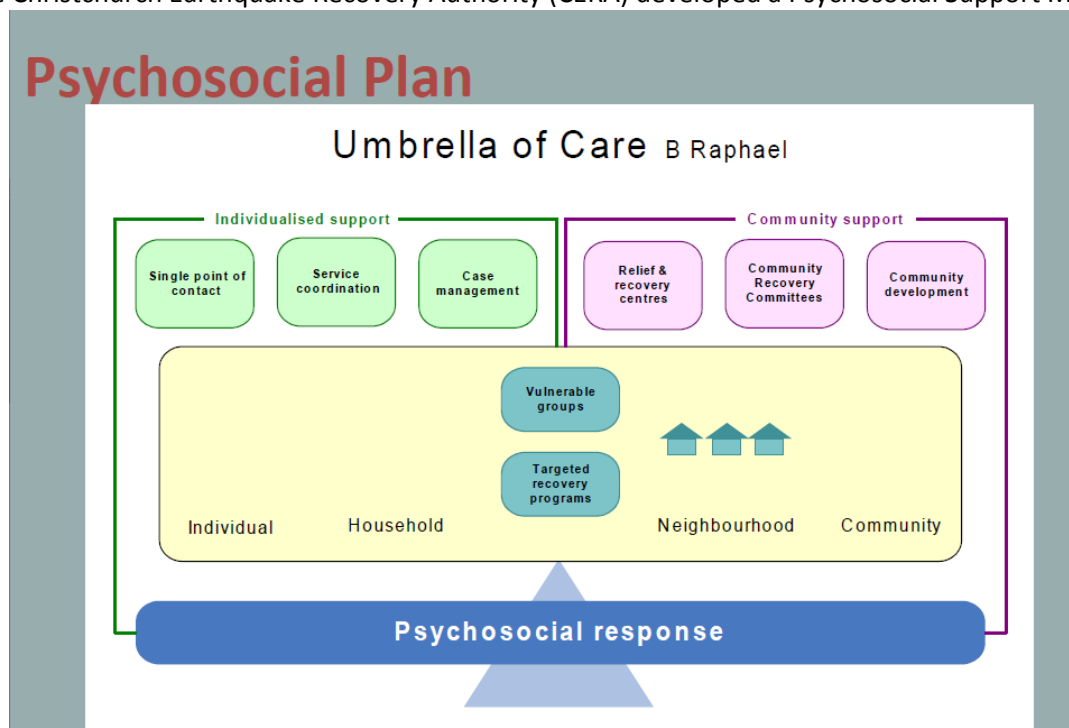
The Local or Group Welfare Plan should include support for psychosocial recovery.

Activities to advance psychosocial recovery may include:

- making clear the roles, responsibilities and referral pathways for delivering psychosocial support interventions
- facilitating the identification and assessment of individuals with ongoing psychosocial difficulties and ensuring interventions are in place to meet their needs
- continuing to monitor psychosocial support needs in the affected population
- identifying and empowering social and community leaders
- providing opportunities for, or enabling communities to come together
- providing work and rehabilitation opportunities for those affected to re-adapt to everyday life routines and be independent
- encouraging and enabling activities that promote self-help among individuals, families, whānau and communities
- anticipating and planning to deal with reminders of the emergency (such as anniversaries)
- evaluating and revising psychosocial recovery plans and arrangements.

7. 'Response through to recovery community framework model'

The Christchurch Earthquake Recovery Authority (CERA) developed a Psychosocial Support Model.



8. Monitoring and review of plan

Refer to Appendix 2: Monitoring progress and review template

Taranaki DHB's psychosocial support coordinator and emergency management coordinator are responsible for maintaining the Psychosocial Support Plan and will lead the review.

The plan will be monitored, evaluated and revised to integrate new information and lessons learned to ensure continuous improvements in providing psychosocial support to the people and communities of Taranaki. The plan will be reviewed at a minimum every five years and following every event where it was activated.

Appendix 1: Terms of reference



Taranaki CDEM Welfare Coordination Group Psychosocial Sub-group

Terms of reference

Vision

Provide coordination, leadership and sound advice across the 4Rs, focusing on the psychological and social interventions that will support community recovery during and after an emergency.

Purpose

The purpose of the Psychosocial Sub-group is to facilitate the coordination, leadership and advice to supporting agencies and the greater local and national Civil Defence and Emergency Management sector in support of the Civil Defence Emergency Management Plan Order 2015 by:

- providing established and practical advice to TDHB and the WCG around aspects of psychosocial recovery for individuals and our communities
- enhancing the capability and capacity of the health sector (and support agencies) to plan for and respond to emergencies and the related psychosocial impacts resulting from these emergencies
- ensuring plans and practices for the psychosocial recovery of individuals and communities are aligned to Civil Defence Emergency Management National Plan Order 2015.

The sub-group's advice will be taken into account in line with the DHB's and WCG's development of plans pursuant to the Civil Defence Emergency Management Plan Order 2015 and Taranaki CDEM Group Plan.

Objectives

- To enable TDHB and those of the Sub-group agencies to give leadership to the sector
- To advise on planning at all levels for psychosocial recovery across the Taranaki District Health Board, subgroup agencies and the CDEM sector
- To provide a forum for identifying how providers of psychosocial recovery measures can be assisted to respond more effectively to emergencies
- To provide advice on improving and achieving consistency and interoperability for psychosocial recovery methods and measures
- To advise, inform and improve communication between all involved in psychosocial recovery
- To give a context to inter-sectoral and interagency work in the area
- To identify and highlight gaps in planning and response capacity, areas where further work is needed and emerging risks.

Membership

The Psychosocial Sub-group will be chaired by the psychosocial coordinator (TDHB). If not available the emergency management coordinator (TDHB) will chair.

The sub-group consists of members who have been identified through the National Civil Defence and Emergency Management Plan Order 2015. Membership of the sub-group includes, as a minimum, representatives from:

- Taranaki DHB (chair)
- The Taranaki CDEM Group
- The Ministry of Education
- The Ministry for Primary Industries
- The Ministry of Social Development
- Te Puni Kōkiri
- New Zealand Red Cross
- The Salvation Army
- Victim Support New Zealand

And may include such organisations as:

- Taranaki Rural Support Trust
- Neighbourhood Watch
- Oranga Tamariki
- Federated Farmers

The sub-group may co-opt members as they see fit for the purposes of providing specialist and clinical advice.

Establishment and tenure

The sub-group was established in 2016. It is expected that the group will remain in existence for the period of the Civil Defence Emergency Management Plan Order 2015.

Working sub-group

The normal business of the sub-group will be conducted through meetings and agenda papers, possibly with the use of specialist meetings and teleconferences. Where required, the Sub-group is able to recommend the establishment of working groups that may:

- be time-limited to manage a particular emergent or urgent issue
- address particular sectors (e.g. volunteer organisations)
- be a standing group to consider issues of core importance
- complete specific sub-group tasks.

Accountability

The Psychosocial Sub-group is established by and accountable to the WCG and the respective organisations and agencies it represents. The sub-group is established by and accountable to the WCG through the authority of the National Civil Defence and Emergency Management Plan Order 2015 and is expected to:

- provide timely advice to the local WCG and CDEM sector
- respond to requests for information and advice within a reasonable time frame.

The sub-group is expected to contribute to:

- minutes of all sub-group meetings outlining the issues discussed and including a clear record of any decisions taken or recommendations made
- specific advice, including the rationale and any relevant evidence and/or documentation.

The psychosocial coordinator undertakes to:

- provide three weeks' notice of a meeting
- provide all relevant papers to each sub-group member at least three working days prior to the meeting, unless urgent
- send draft minutes of each meeting to the sub-group members within a reasonable timeframe
- provide group members with the copies of the minutes and other relevant reports.

No member of the sub-group may:

- disclose any confidential information obtained in the sub-group's activities without the approval of the DHB or the WCG.
- make media statements of any kind on behalf of the sub-group or concerning the sub-group's activities unless requested to do so by the DHB or chair of the WCG.

Meetings

Meetings will be held three-monthly prior to the regular WCG meetings, or more frequently as required, e.g. during an emergency or establishment of policy and procedures.

Secretariat support

Administrative support including secretariat assistance to the sub-group and relevant working groups will be by negotiation.

Remuneration

Members of the sub-group are not eligible for additional remuneration. Additional expenses incurred by any member in the course of fulfilling their membership responsibilities will be reimbursed through their organisation or agencies' policies around travel and attendance from normal place of business.

Conflict of interest

Members will abide by the Conflict of Interest Protocol for their relevant agencies.

Appendix 2: Monitoring progress and review checklist



Review agency	Evaluation criteria (not to be limited to)	Status Y/N	Date of completion or expected achievement
Taranaki District Health Board (TDHB) Psychosocial coordinator	TDHB psychosocial support plan: <ul style="list-style-type: none"> • Are agencies involved/valid/mandated within the plan? • Has readiness been achieved? i.e. have response teams been identified and trained across the welfare sector of the CDEM Group • Have local CDEM /Territorial local authorities and agencies been able to support the plan? • Have there been any reviews on the plan from lessons arising from post event or post exercise? • Does the plan require updating? 		
Agencies delivering psychosocial support	<ul style="list-style-type: none"> • Are you still able to support the plan? • Have your service constraints changed? • Do you have feedback/requirements to be addressed in respect of the plan? • Have you been part of exercising the plan and fed into the after action review? • Has your agency adopted the plan and trained staff? 		

Appendix 3: Taranaki psychosocial support sector capability template

[illegible]

Appendix 4: Taranaki psychosocial support sector capacity template

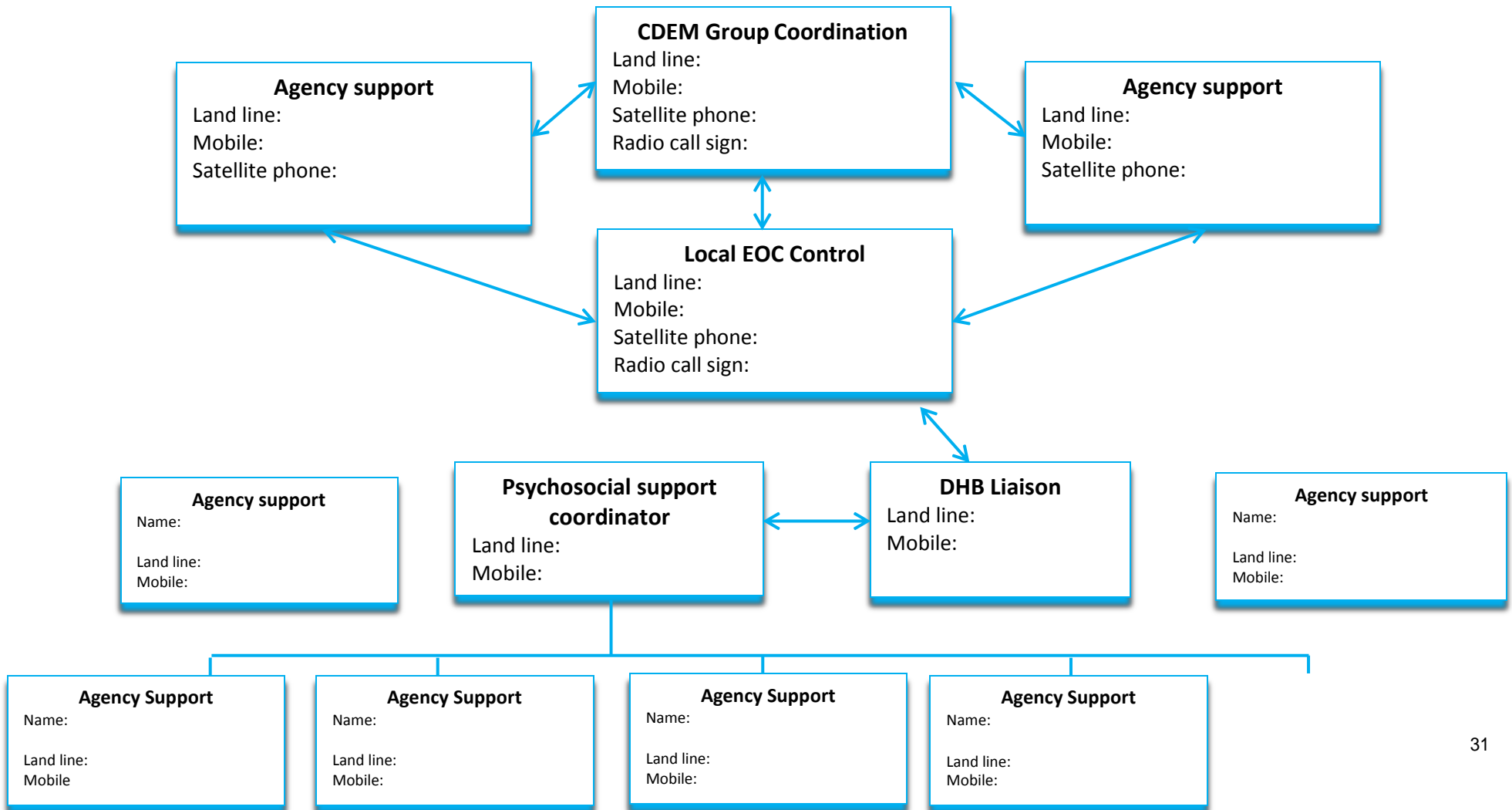


Organisation	Numbers trained in psychosocial first aid	Numbers trained CIMS	Other psychosocial-related training	Contact person

Appendix 5: Communications plan template

(to be completed on activation)

Call signs/contact numbers/radio frequencies as required:



Appendix 6: Operational checklist

(to be completed on activation)

Operational Checklist response teams template

Psychosocial support is given from when the actual or potential need to provide support is identified through to the time no further support is required during recovery.



Activation of Group Emergency Coordination Committee/EOC	<ul style="list-style-type: none"> • Threat of hazard with potential of a large number of people requiring psychosocial support • Additional support requested
How many people affected?	
Are you able to cope?	
List the support required	
Activation of WCG/local welfare committees	<ul style="list-style-type: none"> • Coordinate agencies responsible for psychosocial support
Notify psychosocial support coordinator	
Identify agencies able to provide support	
Confirm and list resources agencies can commit	
Coordinate how support will be delivered	
Monitor impact on people	<ul style="list-style-type: none"> • Assess if agencies have resources available to vulnerable communities <ul style="list-style-type: none"> – Low socio- economic areas and homeless people – Elderly – Disabled – Non-vehicle households – Non-English speaking communities – Holiday makers – Others (as identified)
Monitor and identify where additional resources will be required to support affected communities	
Assess the needs of vulnerable communities	
Evacuate to ensure that communities affected are supported	


Plan response required	• Plan if additional resources are needed, considering the magnitude and duration of support that will be required.		
Plan to support communities over time, identify and list additional resources required			
Evaluate if continued support can be delivered			
Develop key messages	• Importance of psychosocial support • Communities affected • How to make information available • How to help yourself • How to help your neighbours		
Identify key messages best suited to support the psychosocial support response			
List key messages that will work best for the community affected			
Communicate key messages	• Coordinate Public Information Management messages • Communicate messaging between key agencies <ul style="list-style-type: none">– Media– Websites– Social networks– Help lines– Interpreters		
List the tools that will be used to communicate messaging	• TV • Radio • Newspaper	• Cell phones • Emails • Letter drops	• Clubs/organisations • Public meetings • Social media
Evaluate if messaging is achieving the objectives			
Ongoing coordination during recovery	• Issuing of updated Incident Action Plans • Issuing of updated situation reports • Continuing monitoring of local state of emergency.		
Local declaration			
Group-wide declaration			
National declaration			
Terminate group-wide declaration			
NB: Standalone word template supplied with document.			


Appendix 7: Incident Action Plan (IAP) template


(to be completed on activation)



Coordination centre	
IAP number	
Incident	
Date and time issued	
Operational period covered	
Activation status	<input type="checkbox"/> 1. Monitoring <input type="checkbox"/> 2. Engaging <input type="checkbox"/> 3. Assisting <input type="checkbox"/> 4. Directing
Declaration status	<input type="checkbox"/> No declaration <input type="checkbox"/> Declaration
Time of declaration (If relevant).	
Declaration expiry (If relevant).	

 Summary of situation A summary of hazard impacts, environment and response actions to date. This is based on issued SitRep.

 Mission A concise description of what the IAP is aiming to achieve, including essential tasks required to achieve the objectives.

 Intent How the controller aims to achieve the mission, expressed as the method, key tasks and the end state.



Designated tasks

What has to be done to achieve the mission. Specific tasks and timings for each agency under the plan should be listed..



Limiting factors

Matters that may or will limit options, timeframes, outcomes.



Coordination measures

Times, locations, boundaries, and other measures designed to coordinate the response.



Resource needs

Who will provide what and when they will do it, including information, supply, personnel, equipment, transport.



Information flow

Who needs to know and who has information we need.



Public information plan

Outline of intended public information processes and outputs. This may be an appendix.



Communications plan

Frequencies/purpose/coverage, role cell phone numbers, communications schedule, etc..



Organisation

List/organisation chart of key roles, contact details, and rosters of people assigned to the roles.



Appendices

Specialist functions, lists, tables, maps etc.



Approved by

Approved date and time

Appendix 8: Links to supporting documents

Dolan, B., Esson, A., Grainger, P. P., Richardson, S., & Ardagh, M. (2011). Earthquake disaster response in Christchurch, New Zealand. *Journal of emergency nursing*, 37(5), 506-509.

Gluckman, P. (2016). The Psychosocial consequences of the Kaikoura earthquakes. Available at: http://www.pmcsa.org.nz/wp-content/uploads/Briefing-paper-the-psychosocial-consequences-of-the-Kaikoura-earthquakes_1.12.16.pdf

Karadag, C. O., & Hakan, A. K. (2012). Ethical dilemmas in disaster medicine. *Iranian Red Crescent Medical Journal*, 14(10), 602.

Little, M., Stone, T., Stone, R., Burns, J., Reeves, J., Cullen, P., & Gillard, N. (2012). The evacuation of Cairns hospitals due to severe tropical cyclone Yasi. *Academic emergency medicine*, 19(9).

Ministry of Health (2016). *Framework for Psychosocial Support in Emergencies*. <https://www.health.govt.nz/system/files/documents/publications/framework-psychosocial-support-emergencies-dec16-v2>.

National Health Emergency Plan: Guiding principles for emergency. Ministry of Health (2015). Available at: <https://www.health.govt.nz/system/files/documents/publications/nhep-guidingprinciples.pdf>

Palmer, D. J., Stephens, D., Fisher, D. A., Spain, B., Read, D. J., & Notaras, L. (2003). The Bali bombing: the royal Darwin Hospital response. *Medical journal of Australia*, 179(7), 358-361.

Southwick, G. J., Pethick, A. J., Thalayasingam, P., Vijayasekaran, V. S., & Hogg, J. J. (2002). Australian doctors in Bali: the initial medical response to the Bali bombing. *Medical Journal of Australia*, 177(11/12), 624-626.