



## Supporting Community Resilience

### In Post-Quake Christchurch

July 2011

This report is written for CERA, other decision-makers and the Christchurch community at large. It is designed to address the lack of a needs assessment and voice of community-based organisations following the September 2010 earthquake. The information captured in this report can inform planning and pragmatic action for Christchurch recovery. The report is based on the input of approximately 119 participants who attended a series of community recovery meetings held across the wards of Christchurch. The report is one outcome of the process. The aim is to follow with the development of key needs into multi-stakeholder collaborative solutions to enhance community resilience.

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# Supporting Community Resilience

## Background

This project came about as one of a number of responses to aid individual and community recovery after the Canterbury earthquake of 4<sup>th</sup> September 2010.

A review of 'best practice' literature (*Review of Community Recovery Initiatives*, Community & Public Health, Canterbury District Health Board, 2010) found a consensus that recovery happens best when it is community owned and driven.

Following September's earthquake, the Ministry of Social Development (MSD) has been convening a series of meetings for the community and voluntary sector in Christchurch, in order to identify what needs the sector had to be able to contribute effectively to recovery and greater community resilience. At the first of those meetings it was recognised that small, locally-based groups and agencies had a key role in supporting the recovery of their local communities. A subsequent meeting requested that the Council of Social Services in Christchurch (COSS) take responsibility for finding out what the needs of groups and their communities were and to capture what was happening in their communities.

## The Project Process

The project was developed by COSS and Healthy Christchurch (HC), with support as requested from Christchurch City Council (CCC), Mental Health Foundation and the Department of Internal Affairs (DIA). A number of other agencies contributed, including Community & Public Health (C&PH), Civil Defence Emergency Management, MSD and Community Recovery Support coordinators (CRSS).

## Community Recovery Meetings

A preliminary meeting was held with community cottages to provide an initial snapshot of the impact of the September earthquake on both the organisations and the communities they serve. The information from this meeting informed the design of the following meetings. Seven meetings for locally-based community groups and agencies were held in different wards across the Christchurch urban area. It was intended to follow these with a meeting specifically for the leaders of culturally and linguistically diverse community groups and also three meetings in different Banks Peninsula communities; but the organisation of these four meetings was brought to a standstill by the February earthquake.

The seven meetings held from December 2010 to February 2011 had two aspects. The first part of the meeting gave groups information about building personal and community resilience, and about recovery management and potential times of higher community stress.

In the second part attendees worked in small facilitated groups to describe how their communities and their group or organisation had been affected by the earthquake, and what they had done to respond to community need. They then identified what support their community was still seeking from them or what their communities needed, and what capacity they had or required to meet that need.

At each meeting printed information from a wide range of community and government organisations was freely available supported by a staff member from the Community Health Information Centre (C&PH). Staff from CCC, DIA and MSD were on hand during and after each meeting to

answer questions and provide information about funding and other support that each organisation could offer.

The outline of the programme is in *Appendix A*.

After the February earthquake the project team decided not to proceed with any further meetings.

## **Draft Report**

A first draft of this report was prepared and sent to participants who attended the meetings representing their organisations. Recipients were asked to confirm whether the report had adequately captured the information that was shared at the meetings. Few participants responded.

It was deemed vital that the results captured in the report be accurate but also that the information gathered was relevant and valid following subsequent major earthquake events. In order to elicit a better response from participants another email round was undertaken in July 2011. This time the key findings of the sections on what communities needed and what groups and organisations needed were summarised and sent to participants whose email addresses were known. The participants were asked to assess whether each need was less important, as important, or more important than it had been prior to the February earthquake. The email is attached in *Appendix B*.

18 people representing their organisations responded, a respectable 24% response rate. The majority of the 65 needs summarised in the report were seen as just as important as or more important than they had been prior to the February quake. Of the 40 needs identified as less important, only 10 were mentioned by more than one respondent and 3 by more than two respondents. These responses with more than one mention are noted as “*follow-up*” in the discussion of needs later in this report.

This gives some confidence that the information gathered in this report is still current and valid post all earthquake events to date. Further analysis of the “*follow-up*” will be undertaken within the next part of the process in developing multi-stakeholder collaborative solutions to meet the needs of our community-based organisations. Details are included in the ‘What’s next’ section at the end of the report.

## **Who Participated**

Invitations to the meetings were sent out through a number of email networks, including those of COSS, Healthy Christchurch, Community & Public Health and the Christchurch City Council community development advisers. Recipients were asked to forward the invitation through their own networks.

The majority of those who attended were representatives of community groups and NGO service providers. These included social service providers, community development groups, churches, schools and pre-schools, and neighbourhood groups. Other attendees included individuals from affected communities, city councillors and community board members, and central or local government staff.

The total number of participants at the meetings was approximately 119, representing 75 individual non-governmental organisations. Not all participant lists are available, so these figures were taken partly from attendance lists and partly from rsvp lists.

A full list of the groups represented is given in *Appendix C*.

## What People Said

The first question we asked was what impact the September 2010 earthquake had had on community organisations and their communities. People felt that most people responded well in the first 24 hours and local agencies, including central and local government, did their roles exceptionally well. Specific themes were as follows:

### How has your community been impacted by the earthquake?

#### Emotional Distress

Agencies at all the meetings reported that people in their community had heightened emotions. Many were stressed, anxious and uncertain. This was regardless of whether their area had suffered physical damage or not. However those dealing with physical damage to their homes also had to deal with its emotional impact.

A range of reactions were noted – some people were being stoic and downplaying their situation, or were too proud or shy to ask for help. Others had become disruptive, troublesome and insensitive. The fragilities in people were now more obvious and this could produce uncharacteristic behaviour. All the meetings reported that people needed to talk and be around other people.

Particular themes that recurred at the meetings were:

- **Re-traumatisation:** The earthquake had triggered past memories of a previous trauma, either a major earthquake or other traumatic events. In the February meetings it was mentioned that the Boxing Day aftershock had increased stress and people's realisation that the city was unsafe.
- **Impact on family dynamics:** Stress was straining family relationships, either because of living circumstances or because of the heightened emotions as a result of the earthquake. Living circumstances included extra people in the house creating cramped conditions or lack of facilities. Having schools closed and the children at home increased that stress. One agency observed that families who had been estranged had connected, but the heightened emotions or difficult living conditions had exaggerated dysfunction that may have been there before. It was observed that some separated couples have reunited, while others had separated, and that domestic violence had increased.
- **Impact on children:** It was reported that children were tired, clingy and emotional. One school said there were lots of tears, the break up of friendships, and everything heightened – kids were upset by a lot of things that don't normally worry them. Having school children relocated to homes outside the school district was impacting on attendance (absence, lateness etc). Some families had moved away, which affected remaining children's social groups. It was noted that children from around age 10 felt/understood the depth of the crisis as "something parents couldn't control".
- **Impact on men:** Family stresses were exacerbated by the demands of employment, eg men being involved in rebuilding possibly involved for the long term doing long hours. It was also noted that after the initial emergency response men felt unsure of how to support their families through the recovery phase.
- **Fear/Nervousness:** People are more reluctant to go to malls, car park buildings, and high buildings. Aftershocks extended the fearfulness, in some cases triggering a health crisis. Some people stayed home because of their fear of aftershocks.

#### Other effects of the earthquake

- Social issues that were reported included an increase in drinking and drug use; an increase in family violence, increased debt, more hungry children, and single mothers with a lack of

food security. One positive outcome was an initial drop off in gambling due to people's nervousness about being in gambling venues.

- Physical changes such as the damaged buildings, blocked roads, empty sections and the empty city centre were continuous reminders of the earthquake that people found difficult.
- A major concern at all meetings was difficulties with communication and information. People reported a lack of communication from local government, about Recovery Assistance Centres (RACs) and what assistance was available. They noted inconsistency and uncertainty in the information people were getting. The need to bear in mind literacy levels in the community was also noted.
- Financial and employment issues: People noted the impact of the loss of businesses in some areas, especially those such as dairies where the premises were also the family home. There was concern for displaced families about to run out of insurance cover for rent. Samoan and Tongan communities have additional issues as they had supported their island communities after the tsunami and now have run down reserves.

### **Community Impact**

The increased community spirit, building of relationships and networks, and strong community response was widely commented on. There was also a sense of loss and sadness where a noticeable number of people had left the community. Of concern were those who had left and the 'holes' in the community that this caused. People were concerned about the loss of contact with these people.

"Council house people have just "disappeared" i.e. no contact after being removed = loss of community people".

"Sense of loss – physical environment, community, activity, people moving out, long term."

At some meetings the comment was made that low income neighbourhoods are already in survival mode – they are used to living in / coping with crisis. That raised the question whether they may recover from the quake relatively quickly.

Those who had been out of the city at the time of the earthquake sometimes felt like 'outsiders' in their community, because they did not share this defining experience.

### **Leadership**

Agencies commented that people were looking for leadership. There was an expectation that community leaders would step up and make things happen. In some areas community leaders had been displaced, and new leaders are emerging. People in leadership roles felt pressure to be responsible and calm.

## **How has your organisation been impacted by the earthquake?**

### **Premises/infrastructure**

The physical impact on groups ranged from having to relocate, through being unable to operate for a length of time and then re-opening, to having no physical damage. Groups had for the most part adapted to relocation or damage, but this had an impact on both staff and clients or user groups. In some cases community activities that had taken place in damaged centres just stopped.

"Had to shift premises, this impacted on client delivery: problematic/payments etc. Delays with clients navigating where services were (had moved to)."

"Nervousness re-entering (of) premises - many checks! Able to stay open."

## **Service demand/delivery**

Groups reported both drops in people using the service and big increases in usage and workload. In later meetings some people reported that initially people stayed home, then after they got busier and busier as people started coming back out to reconnect and access support. Some community services noted the proportion of people coming in who had mental health or personality issues.

“Big turnouts to coffee and chat (group/s).”

“At first people stayed home, then a huge influx.”

As well as increased volume, people needed additional support over and above that previously required. In some cases this was due to pre-existing issues being magnified, while in others it was simply people needing to talk.

“Length of time it’s taking to talk with people and for people to ask for help in the first place, everything that used to take 5 mins now takes 25 mins!”

Some groups were now incorporating emergency planning in their work, which meant that services were taking longer to plan and deliver. It had also brought home to some agencies the importance of having an emergency plan.

Groups were adapting to circumstances and using different processes. Instances included the hours of service delivery being extended due to traffic changes, finding alternative services for people, collaborating on service provision, sharing expertise, and finding different ways of delivering services.

“Centre had to close temporarily so workers were out in the community”.

Some community services with intact premises were picking up groups and activities from other parts of town where community buildings were damaged. The coordination and management of this was challenging.

## **Communications**

Groups found that email and phone contacts enabled vital connections to be maintained. However some agencies lost their telephone connection or those who were unable to enter their offices did not have access to their contact lists and databases. Contact was lost with severely damaged agencies that had either relocated or closed.

## **Staffing (including volunteers)**

Most agencies spoke of the difficulties of dealing with the impact of the earthquake on their clients or user groups and their agencies while also dealing with their own wellbeing and that of fellow workers. Some people were ready to work immediately, while others took weeks. People talked of being frazzled and needing a re-charge, of being at capacity before the quake and now being in overload and needing assistance. There was not as much time for workers to meet and debrief or process what was happening. Workers were containing their own reactions to stress and aftershocks in order to support others.

Others noted that the enforced time-out immediately after the earthquake, due to their building being cordoned off, allowed valuable family time. Some agencies said they had good support structures in place such as supervision and access to specialist workers.

## **Resourcing**

In the immediate aftermath, the huge generosity from companies and individuals was noted. In the medium to long term, there was concern from agencies that the recession had led to changing levels of giving because stretched budgets meant fewer donations prior to the earthquake.

An agency that provided food parcels saw an unexpected increase in food stock from suppliers, plus increased donations from the public. However most had a short shelf life and they were concerned for the medium term stocks.

There was some concern for relationships with government departments, as agencies noted the impact of the earthquake on government staff. People reported that communication was not as good since the earthquake, and they asked how the care of staff was being managed.

## **What have you done to respond to your community's needs?**

In order to find out and share what worked, we asked agencies and groups to describe how they had supported their communities in the aftermath of the earthquake.

Some, such as the Salvation Army, were closely involved in the immediate emergency response. Others increased services, did what they had always done but in a different way, or started activities that met local needs. Groups and agencies needed to address their own ability to operate while working with their communities.

### **Supporting sector capacity**

Several groups told of working with other groups and services that were emerging or that needed help to recover from the earthquake. People commented how well agencies worked together.

“Support for new / emerging neighbourhood groups.”

“Picking up groups and activities from other parts of town that have lost their premises.”

Some agencies had to relocate, and many spoke of the importance of caring for their paid and volunteer staff and other colleagues.

“Being mindful of colleague's wellbeing – appreciating the effect on ALL people.”

“Making sure staff are staying calm (with aftershocks) if not, allowing staff to stay at home.”

Once pressing needs to get up and running again had been attended to, some groups took the opportunity to review how things had gone, and re-examined policies and procedures.

“We sat down and looked at what worked/what didn't for health & safety.”

Finally, several groups acknowledged support coming from outside Christchurch, saying that donations and gifts from other areas had been an important boost for agencies or their communities.

### **New activities and services**

Almost all the groups at the meetings were providing new activities or services. For many these were low-key activities, providing opportunities for people to connect and tell their stories.

“Get-togethers, community lunches, opportunities to talk.”

Many groups organised to check in on people in their community, either by going door-to-door or by using communication tools.

“Check in with people via text, phoning, facebook, joint emails.”

Providing or facilitating access to information was also an important activity. This included providing access to telephones or the internet, doing letterbox drops, and bringing in guest speakers to community gatherings.

“Forming a mobile information service that will take tea, coffee and info out to the streets, and do some community building.”

Lots of community events had been organised for people to get together. In some cases the focus was on providing care and support, and in others the purpose was to celebrate community survival and connectedness. Events included barbeques, pamper days, a rock 'n' roll party, and picnics.

In several cases the strengthening of community connectedness led to new community groups being set up.

“Started the Avondale Community Group – got different people involved so everyone takes a lead.”

Where people had specific needs, groups helped them make and get to key appointments, often transporting them and providing support during the appointment. A number of agencies set up support groups for specific needs, e.g. mothers group. Other activities in response to specific needs have included:

- collecting and supplying plant pots to people who will lose their gardens, so they can remove plants;
- helping organise re-accommodation and Housing NZ relocations;
- developing an action plan for sustaining social housing residents;
- holding a support hour for Pacific people with language issues;
- phone calls providing help and assistance to family members requiring support for the aggressive behaviour of other family members;
- running camps and programmes for children traumatised by the earthquake;
- helping access the Red Cross fund;
- getting insurance representatives and other professional people involved;
- running self-awareness courses for trauma.

### **Increased services**

Agencies and groups all reported that they were much busier, not just from new activities but because there was increased demand for what they usually did.

“Increase in level of service twice what it had been.”

Agencies that provided services noted an increased demand for budgeting advice, food parcels, support for managing children's changed behaviour, children's activities, mental health support, and general requests for help. Groups such as Neighbourhood Support had an increase in membership.

Groups built on what they were already doing – for instance Northgate Community Services Trust holds a regular Friday get-together. After the earthquake they advertised it widely in their community and at the next Friday gathering 400 – 500 people come along to share their stories.

“Business as usual’ with more jobs; Keeping things the same.”

### **Working differently**

The changes in the community and often in their own circumstances led to groups working in a different way. Some groups became more mobile and flexible, visiting clients in their homes or taking a van out to communities. Others extended their operating hours or shortened the Christmas break.

Many groups spoke about the need to take a gentle and supportive approach, and to allow people more time than usual. They found that people needed to settle and they needed to tell their stories. Groups were alert to people who might need extra help. Several groups noted men in particular seemed to be struggling.

“People had to tell their stories – we had to be there to help this.”

“A lot of men don't usually say how they feel. Once I started saying how frightened I was, others said that's how they felt.”



As well as providing that listening ear, they also organised other opportunities for people to talk, such as providing spaces and creating groups.

Many groups also found they needed to communicate with their communities more frequently and in different ways. Mechanisms included setting up a phone tree and using on-line messaging.

## **What support do your communities need?**

We started by asking groups what support their communities were seeking from them, but this discussion soon widened out as groups took the opportunity to identify gaps and needs in their community. Some of these needs were not things that the groups would be able to contribute to.

### **Information**

By far the biggest need identified related to information. This was a major topic of concern at all the meetings. People frequently reported that it was difficult to find accurate, consistent and timely information amongst the many confusing messages they were hearing from different sources. The idea of a 'one-stop shop' was consistently put forward, and mobile information provision for the hardest hit suburbs was also proposed in several meetings.

“Make “stronger Christchurch” website as the one true channel to information. Let community groups provide their information into it as well. People will use one site.”

“Have an office for all information – accurate, consistent information, timely, for people to go and visit / make appointments.”

The need for alternative communication methods was also raised, with people noting issues such as literacy levels, cultural and language barriers, and lack of access to the internet.

Specific information needs included fact sheets on financial assistance and insurance processes, and the time frames and processes of the recovery strategy.

A further concern was the level of service from contact numbers. It was reported that contact numbers were overloaded and people found it difficult to get through. Information from the City Council and the EQC call centres needed to be more accurate and up to date.

Finally, people wanted more immediate information, with progress reports on projects etc, rather than hearing nothing until all the details had been sorted out.

*Follow-up: Three (16%) of the 18 respondents felt that mobile information provision for the hardest hit suburbs was no longer as important as it was before February.*

### **Connecting**

Another very strong theme was the need to connect and share experiences. People wanted to be with people. Community groups discussed this happening through the provision of events, places to gather, and setting up groups with common interests.

Events needed to be positive and fun, and the central place of food when people came together was mentioned. In the 2010 meetings some groups were anticipating that planned Christmas events would be heavily attended. Other groups were starting to think about planning for the anniversary of the September quake. Events were seen as an opportunity to share information and offer support.

Drop-in centres and conversation cafes were also seen as a way of providing opportunities to connect with others in the community and share information.

A number of community agencies were working on or saw a need for support groups to be established. Particular areas of need mentioned were men, older people, and young mums.

*Follow-up: Two (11%) of the 18 respondents said that support for men was not as important as it had been prior to February.*

#### **Other needs:**

- There was concern that members of refugee and migrant communities tended to shut themselves away. This could be addressed by door to door services in their own languages.  
*Follow-up: Two of the 18 (11%) respondents felt that door to door services were no longer as important a need. One respondent from a migrant community commented that it was better to encourage community members to connect with their communities.*
- Men were dealing with redundancies, small business decline, and feelings of guilt for not having prepared themselves and their families better to deal with such an emergency. Men's sheds were seen as a useful way of supporting men and helping them connect.
- People using mental health services needed opportunities for positive participation.
- Relocation of people from communities meant that long-standing connections and companionship were broken. There was a need to enable these connections to continue.

### **Community-building and Community Development approach**

People proposed a number of grassroots-focused initiatives to build community resilience and connectedness. They included community gardens, men's sheds, community newsletters, time banks / community exchanges, and events using local public spaces.

A community development process was seen as important by a number of groups, where communities identified their own needs and drew on the skills and resources already in their communities to address these needs. People wanted to build on the community spirit and work at the neighbourhood level to mobilise and connect residents.

“Through schools we could draw on the ideas, enthusiasm and action of young people.”

“Asset mapping including who is who, skills, vulnerable people, kitchens, gardens etc need to know community information, capture on a living map.”

Small, local networks and larger networks were seen as complementing each other, there was a need to look at how they can best work together.

### **Emotional support / isolation**

Related to the need to connect was the need for emotional support and a concern for people who were isolated. A number of people predicted that the need for counselling would increase. Counselling needed to be available locally because people either could not afford to travel or were nervous about going into the city.

At one meeting it was noted that Pacific people are more likely to look to the church for emotional support rather than go to counselling.

### **Spiritual**

The spiritual aspect of recovery was often included in discussions. It was noted that the spiritual dimension goes hand in hand with mental health, and that spiritual needs should be acknowledged. Some churches have seen an increase in attendees. People identified a need for healing places to go such as community gardens or places of tranquillity.

### **Leadership / vision / participation**

People wanted accurate information to enable community support and action, so that communities could contribute and participate in the solutions and see results. They spoke of the need for a vision, and support for new leaders taking on new skills.

## **Sense of normality**

Meetings observed that giving a sense of normality seemed to be important for many people. Attendees recognised that recovery was not about 'going back to normal' but people needed a sense of routine, familiarity and anchors in their lives.

## **Social issues**

All the meetings identified social issues that were becoming evident in their communities, and the need for services to address these. They included:

- Family relationships.  
"Help families "regroup" and strengthen relationships – teenagers "go off", couples "not talking", people are still afraid to be home alone."
- Mental / emotional health and the need for counselling.  
"Houses intact but those undiagnosed mental health issues now showing."
- Financial / poverty.  
"Less income to seek help."  
"Insurance running out, accommodation costs likely to explode, with serious fallout likely."
- Lack of food security.  
"Food banks are struggling to cater for demand."
- Health.  
"Increased illness etc from poor living conditions, lack of heating. People are returning to "uninhabitable" homes."
- Substance abuse.  
"Health issues will peak – alcoholism, gambling etc."
- Inequity.  
"Those with less led the initial responses – seems those with more now catching up/ over-taking – the least resilient now more at risk??"

## **Practical support**

The meetings noted gaps in practical support and identified useful ways that communities could support each other. Community exchanges were one way in which this support could be made available.

A number of people were concerned about the cost and availability of emergency kits or components. There were suggestions that funding was needed to supply these to those who couldn't afford them. Some groups were interested in being able to raise awareness and support their communities to be more prepared.

*Follow-up: two respondents (11%) felt that funding for emergency kits and raising awareness was no longer as important as it had been prior to February.*

People needed transport help to get to GPs. In some cases people who had moved to a new community found that local GPs had full books and were not taking new patients. They wanted to know where to find alternative services.

The Asian community may need increased help as it was reported that there is a cultural resistance to having insurance, and many members may now be in financial difficulty.

Maintaining the hard-hit neighbourhoods was important, both in terms of morale for remaining residents and for security. Help and support was needed to keep abandoned properties tidy, prevent/remove graffiti and maintain security.

Community gardens noted more demand for produce and the potential for plundering the gardens.

*Follow-up: two respondents (11%) said that this was not as important as it had been prior to February.*

One meeting reported a lack of awareness about saving and using water, and a need for better information / education.

*Follow-up: four respondents (22%) said that this was not as important as it had been prior to February.*

## **Policy changes**

There was a call for collaboration from agencies/larger players in advocating for accommodation options and solutions. One agency that provided a Foodbank wanted a change in central government requirements to destroy out of date food. There was also a request for broader eligibility for the small business subsidy.

*Follow-up: six respondents (44%) said that changing regulations re out of date food was not as important as it had been prior to February.*

## **Dealing with complaints**

Some participants said that resources were needed to deal with complaints and that an independent process such as mediation was needed to deal with dissatisfaction with EQC/Insurance decisions.

## **What do agencies need?**

Finally, we asked community groups and agencies what they themselves needed in order to help their communities meet the needs they had identified.

## **Capacity issues and training needs**

Several groups commented on their lack of capacity due to damaged premises, increased demand and / or stressed workers. Some groups felt too pressured to be able to step back and reflect on and discuss the way forward.

“Can’t take on any more people for specialised projects, not enough facility, and management to cope.”

Their needs related to addressing these capacity issues, such as getting their building repaired or finding affordable alternative premises. It was suggested that there could be some assistance to help groups into empty offices or other spaces. There was a request for understanding from Council around the inability to pay rents and other things.

“Having ability to continue providing service (funding issues/building, structural issues)”

*Follow-up: two respondents (11%) said that assistance to help groups into empty offices or other spaces was not as important as it had been before February.*

The needs of staff were also a high priority. Many commented on the need to support stressed paid and volunteer workers and the increased need for pastoral care and supervision. Some also saw a need for up-skilling workers so they were better equipped to support others through this time.

There was interest in enhancing their skills and capacity to engage in community development activities:

“How to link groups/streets/neighbourhoods and then how to support them.”

“Some more paid Community Facilitators based workers, not just more and more volunteers – developers/planners role.”

Other training / skill development needs identified were:

- Understanding the jargon in insurance policies; and how to deal with insurance companies
- Civil defence / emergency preparedness
- Basic counselling skills and where counselling services are available.
- Strategic planning etc

- Language/ethnic/cultural issues around communicating
- Group facilitation
- Advocacy skills to navigate and negotiate with agencies.

### **Information / communication**

Again, the need for timely information and good communication was a strong theme in all the meetings. Groups and agencies wanted information on trends and stages of recovery, peaks etc; and on groups providing health services, for instance what MoH and other government agencies are doing around social and health service supports. They also wanted the ability to ask specific questions of experts and resource people.

### **Networking, connection**

People commented that these meetings were helpful for meeting others doing similar work. The need to keep connected for support and to share information and develop collaborative initiatives was often mentioned. Churches wanted to be connected to the sector in order to offer services and resources such as halls.

Groups felt that they would like to draw on the expertise and resources already in the sector, suggesting that NGOs could provide support and training, and that inter-neighbourhood visits would allow them to learn from each other.

It was suggested that there needed to be discussions with CCC – “more open, cross fertilizing, understanding, frank, discussion across all sectors (buildings/services/costs)”.

### **Leadership**

People identified a need for strong leadership and the importance of giving recognition to community leaders.

### **Funding / Resourcing**

The need for funding and other resourcing was a topic frequently discussed. It was noted that many groups were feeling the impact of the recession prior to the quake and resources were already under strain. People recognised that extra services would be needed as a result of the quake, and that many groups would need extra funding, but that some of this extra need would be short term only.

Groups needed information and certainty around funding, explicit funds for community, more discretionary funds, and fast-tracked funding. There was some concern that community funding may be compromised for infrastructure funding.

Funders were asked to be flexible. Groups wanted some guidance on how to show outcomes and be accountable. They also asked where to find independent evidence of value of social connectedness in enhancing mental and social wellbeing, so this could support funding applications.

Specific needs for funding included:

- sounder buildings
- training and supervision, especially group or individual supervision for volunteers
- ‘thank you’ functions for volunteers
- domestic violence intervention services
- counselling
- extra staff

*Follow-up: two respondents (11%) said that this was not as important as it had been prior to February.*

- Community events to share information and offer support.

Other resource needs included resources for men, more volunteers, community owned facilities that were not expensive to rent, and a centralised food bank.

## What next?

Prior to the February 22<sup>nd</sup>, 2011 earthquake, the agencies involved in the development of this project were planning to hold further meetings. The earthquake put most of the city's plans on hold as the priorities shifted to the immediate response phase. Now we are in the recovery phase priorities are still very different and will be for the foreseeable future as our city makes its way through complex issues of rebuilding and supporting communities. Many organisations, including Council of Social Services and Healthy Christchurch, found themselves without offices and access to usual resources. In this different environment the plans need to change to respond to the needs of the community. For this project this means moving forward to finding the solutions to issues and needs raised through the meetings held across Christchurch and with the assurance that we have captured the right issues following subsequent earthquake events.

So the next phase is to begin to create opportunities for these needs to be met. The process for this is as follows:

1. Send out the final document to all agencies involved in the planning and hosting of the recovery meetings (CoSS, HC, MHF, CCC, DIA, MSD) and convene a meeting to agree on the key needs coming out of the report and some potential solutions.
2. Host a community wide meeting for all organisations interested in creating solutions to the key needs. Some solutions to needs will be out of our hands, some will be able to be responded to by one party and others will require a collaborative effort. The outcome of the meeting will be:
  - a. That the Key Needs that can be addressed are agreed,
  - b. That potential solutions will be explored, defined & prioritised,
  - c. A lead organisation and Partners offered for each priority solution,
  - d. All committed to project planning and implementation.
3. First round of meetings of project groups.

Council of Social Services, Healthy Christchurch and Community & Public Health have committed to supporting this process to ensure it has the best outcome possible for the community. We aim to have completed this process in the next eight weeks.

Sharon Torstonson, Council of Social Services, [sharon@ccoss.org.nz](mailto:sharon@ccoss.org.nz)  
Michelle Whitaker, Healthy Christchurch, [michelle.whitaker@cdhb.govt.nz](mailto:michelle.whitaker@cdhb.govt.nz)  
22 July 2011

**Canterbury Earthquake Recovery:  
Community Wellbeing / Building Resilience  
Programme**

**Lead:** Council of Social Services

**Supported by** Healthy Christchurch and CCC

- Evening meetings will allow for 15 minutes nibbles at the beginning, daytime meetings will have a 15 minute morning tea break. Quick breaks will occur throughout.
- **Whakawhanaungatanga**, introduction done by Sharon (CoSS) and Michelle (HC) or Lead facilitator.
- **Presentation from MHF**, Ciaran Fox (MHF) Dealing with stress & building resilience
- **Presentation from ECAN**, Disaster recovery

**Small groups (30 minutes)**

Facilitation of small groups. If there wasn't a whakawhanaungatanga at the beginning of the meeting for larger meetings then done now. Allow the group to share & tell their stories. Scribes available.

- **Small Group 1:**
  - Sharing experiences and ideas
  - Community organisations' resources & strengths
- **Q?: How has your community / organisation been impacted by the earthquake?**
- **Q?: What have you done to respond to the community's needs?**
- **Feedback** to whole group. 3-5 key things (depends on time).
  
- **Small Group 2:**
  - Identifying community needs and organisations' gaps to meet these needs
  - Gaps in resources, information, skills
  
- **Q?: What support are members of your community seeking from you?**
- **Q?: What do you need to support the community's needs, what is missing?**
- What information are you being asked for, or what support are members of your community seeking from you?
- How well are you able to provide that?
- Who is doing what now, are there gaps?
- Is there any training or resources that your group needs?
- Is your team adequately supported and cared for? Do you need additional support?
- **Feedback** to whole group. 3-5 key things (depends on time).

**Key themes and summary as a whole group**

**Breakaway Groups**

- Funding

Specific people on hand to provide funding advice, support & applications

- Suburb/neighbourhood opportunity for working together
- Other needs identified from meeting.

20 minutes allocated for this if time allows.

Kia ora

We hope that you and those you care about are well and managing to deal with these challenging times.

Late last year and early this year, COSS and Healthy Christchurch held a series of meetings for community groups to discuss their community's and their own needs after the September earthquake. You came along to one of those meetings.

From those meetings we gathered a lot of really useful information about what support you and your communities needed.

Then the February earthquake happened. Many new initiatives were started up to respond to that. It's possible that, as things have developed since February, some of the information that came from the meetings is no longer relevant. On the other hand, some of the things you identified may now be even more important.

We are keen to share the information from the meetings with the decision-makers in the recovery process, but before we can do that we need to make sure it is still relevant. To do that, we need your help.

Below are two tables, with the information about needs that came from the meeting summarised. For complete information see report attached.

Can you please go through the tables and put a number in the right-hand column against each of the statements. Please rank each statement as follows:

1. This need is **not as important** as it was before the February quake.
2. This need is still **as important** as it was.
3. This need is now **more important** than it was before February.

As we'd like to get this information as soon as possible, can you please reply by **Wednesday 13th**. Or do it now before you forget!

Kind regards

Michelle Whitaker, Healthy Christchurch  
Sharon Torstonson, COSS (Council of Social Services in Christchurch)



1. This need is **not as important** as it was before the February quake.
2. This need is still **as important** as it was.
3. This need is now **more important** than it was before February.

<b>What support do your communities need?</b>	
<b>Information</b>	
accurate, consistent and timely information amongst the many confusing messages from different sources.	
a 'one-stop shop'	
mobile information provision for the hardest hit suburbs	
alternative communication that takes account of literacy levels, cultural and language barriers, and lack of access to the internet.	
Specific information needs: fact sheets on financial assistance and insurance processes, time frames and processes of the recovery strategy.	
Information from the City Council and the EQC call centres need to be more accurate and up to date.	
More immediate information, with progress reports on projects etc, rather than hearing nothing until all the details had been sorted out.	
<b>Connecting</b>	
Opportunities to connect through the provision of events, places to gather, and setting up groups with common interests.	
Door to door services for refugee and migrant communities	
Support for men and opportunities for them to connect.	
Opportunities for positive participation for people using mental health services.	
Maintenance of connections broken due to people relocated out of communities.	
Community-building and Community Development approach	
community gardens, men's sheds, community newsletters, time banks / community exchanges, and events using local public spaces.	
A community development process, where communities identified their own needs and drew on the skills and resources already in their communities to address these needs.	
Ways for small, local networks and larger networks to work together.	

<b>Emotional support / isolation</b>	
Increased need for counselling	
Support for people from cultures where counselling is not part of their culture.	
<b>Spiritual:</b> need for healing places to go such as community gardens or places of tranquillity.	
<b>Leadership / vision / participation:</b> accurate information to enable community support and action, so that communities could contribute and participate in the solutions and see results.	
<b>Sense of normality:</b> a sense of routine, familiarity and anchors in their lives.	
<b>Social issues:</b> e.g. Family relationships, mental / emotional health, financial / poverty, lack of food security, health, substance abuse, inequity.	
<b>Practical support</b>	
Funding for emergency kits for low income households.	
raising awareness and support for communities to be more prepared.	
transport help to get to GPs.	
Help to find available GPs in new areas.	
Maintaining the hard-hit neighbourhoods to keep abandoned properties tidy, prevent/remove graffiti and maintain security.	
more demand for produce from community gardens, the potential for plundering the gardens.	
a lack of awareness about saving and using water, and a need for better information / education.	
<b>Policy changes</b>	
collaboration from agencies/larger players in advocating for accommodation options and solutions.	
change in central government requirements to destroy out of date food.	
broader eligibility for the small business subsidy.	
<b>Dealing with complaints</b>	
resources to deal with complaints	
an independent process such as mediation to deal with dissatisfaction with EQC/Insurance decisions.	

1. This need is **not as important** as it was before the February quake.
2. This need is still **as important** as it was.
3. This need is now **more important** than it was before February.

<b>What do community groups and agencies need?</b>	
<b>Capacity issues and training needs</b>	
assistance to help groups into empty offices or other spaces.	
Ability to support stressed paid and volunteer workers and the increased need for pastoral care and supervision.	
up-skilling workers so they were better equipped to support others through this time.	
enhancing their skills and capacity to engage in community development activities:	
Other training / skill development needs:	
Understanding the jargon in insurance policies; and how to deal with insurance companies	
Civil defence / emergency preparedness	
Basic counselling skills and where counselling services are available.	
Strategic planning etc	
Language/ethnic/cultural issues around communicating	
Group facilitation	
Advocacy skills to navigate and negotiate with agencies.	
<b>Information / communication</b>	
information on trends and stages of recovery, peaks etc; and on groups providing services, especially govt agencies such as health.	
the ability to ask specific questions of experts and resource people.	
<b>Networking, connection</b>	
Keeping connected for support and to share information, learn from each other, and develop collaborative initiatives	
discussions with CCC – “more open, cross fertilizing, understanding, frank, discussion across all sectors (buildings/services/costs)”.	
Leadership: strong leadership and the importance of giving recognition to community leaders.	

Funding / Resourcing	
funding and other resourcing for extra services	
information and certainty around funding, explicit funds for community, flexible funding, more discretionary funds, and fast-tracked funding.	
guidance on how to show outcomes and be accountable.	
independent evidence of value of social connectedness in enhancing mental and social wellbeing, so this could support funding applications.	
Specific needs for funding included:	
· sounder buildings	
· training and supervision, especially group or individual supervision for volunteers	
· 'thank you' functions for volunteers	
· domestic violence intervention services	
· Counseling	
· extra staff	
· Community events to share information and offer support.	
<b>Resources needed:</b>	
resources for men,	
more volunteers,	
community owned facilities that were not expensive to rent,	
a centralised food bank.	

**Who attended.**

The following groups and organisations:

Community Cottages

Avebury House  
Linwood Resource Centre  
Phillipstown Community Centre  
Rowley Resource Centre  
Information relayed from Te Whare Roi-  
mata

Avonhead \*

Lifelinks  
Aratupu Nursery  
St Teresa's School  
Belfast Community Network  
OSCAR  
Muscular Dystrophy Assn  
Soroptomists

Bishopdale:

Northgate Community Services Trust  
Pacific Island Evaluation  
Pacific Trust  
Pregnancy Help

Cashmere \*

Oasis Centre  
Kidscoach  
Social Workers in Schools  
Monarch Centre  
Family & Community  
Alzheimers Soc Canterbury  
Delta Community Support  
Rata Counselling  
Charleston Community Centre  
Rowley Resource Centre  
Single Mothers Support  
Christchurch Girls' High School  
Living Springs  
New Beginnings Preschool  
St Augustine's Church  
Redwood / Belfast Anglican Church  
Japanese Society'  
Tenants Protection Assn

City \*

Presbyterian Support  
People First  
Riccarton St James Church

St Lukes Community Trust  
Salvation Army  
Phillipstown Community Centre  
PegX  
Pacific Island Evaluation

Hornby \*

Wigram Residents Assn  
Halswell Library  
He Oranga Pounamu  
Akaroa Church  
Hornby Baptist Church  
Hornby Presbyterian Community Trust

Parklands:

Styx Community  
He Waka Tapu  
CRSS coordinators  
SWAP  
St Andrews Community House  
Mental Health Foundation  
Home & Family Society  
Horseshoe Lake residents / CanCERN  
Te Puna Whaiora  
Chch Budget Service  
Wainoni Avonside Community Services  
Trust  
Anxiety Support  
Community Law Canterbury

Woolston:

CanCERN  
Linwood Ave Community Corner Trust  
Bromley Community Centre  
Project Lyttelton  
He Waka Tapu  
Idea Services  
New Brighton Community Gardens  
Linwood College / 0800 Hungry  
New Brighton Project  
Pegasus Exchange  
Ruth Dyson's Office'  
Neighbourhood Support Richmond  
Canterbury Men's Centre  
Healthcare NZ  
Family & Community  
Te Puna Oraka

\* The lists for Cashmere, City, Hornby and Avonhead meetings are those groups that had rsvp'd by the beginning of February. The actual attendance lists are not accessible at present.

Some meetings were also attended by City councillors and/or community board members, and individuals from the community.

7<sup>th</sup> June 2011