

Supporting wellbeing after a crisis: Learning from our COVID-19 Insights series

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A report issued by Te Hiringa Mahara - the New Zealand Mental Health and Wellbeing Commission.

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Te Hiringa Mahara - the New Zealand Mental Health and Wellbeing Commission - was set up in February 2021 and works under the Mental Health and Wellbeing Commission Act 2020. Our purpose is to contribute to better and equitable mental health and wellbeing outcomes for people in Aotearoa New Zealand.

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The mission statement in our Strategy is “clearing pathways to wellbeing for all.” Te Hiringa Mahara acknowledges the inequities present in how different communities in Aotearoa experience wellbeing and that we must create the space to welcome change and transformation of the systems that support mental health and wellbeing. Transforming the ways people experience wellbeing can only be realised when the voices of those poorly served communities, including Māori and people with lived experience of distress and addiction, substance or gambling harm, are prioritised.

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Summary

The first priority after any crisis, such as a natural disaster, is the essential work to ensure people are safe and sheltered, have the immediate trauma response they need, and to re-establish vital physical infrastructure. Our findings presented in this paper are concerned with the periods following that initial priority, to support short- and long-term wellbeing for the people affected.

From our research on the wellbeing impacts of the COVID-19 pandemic in Aotearoa, we found:

Mental health, addiction, and wellbeing challenges are complex during times of crisis. People are facing uncertainty, loss, and disruption. The services and supports available to them – whether from health and wellbeing systems, or from whānau and friends, are severely disrupted.

The challenges will vary by location, by community, and by individual and whānau. Some people will feel isolated, some will be facing economic hardship, and some will be in unsafe situations and at risk of violence. In any crisis there will likely be a new community of people facing trauma and displacement. Their experiences of this will vary: the effects will be felt for some time, and we can expect rates of distress and addiction to increase.

Government focus should be on those already disadvantaged, including those communities identified in He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction.¹ We know that they tend to bear the worst effects of crises, and face the greatest challenges as economic, environment and societal recovery occurs following natural disasters and crises.

In the immediate term, community groups, such as churches, and particularly marae where whānau, hapū, Māori providers and hāpori (community) can come together, are integral to supporting wellbeing, through sharing information, resources and kai, and providing a sense of community and cultural wellbeing. Where government has been able to help these groups, be flexible with how support is provided, and trust, listen to, and act on local knowledge, this has been seen to provide fast and effective support.

In the medium-term, efforts to re-establish the infrastructure that supports connection and community services is vital – especially in rural communities where

¹ The groups identified in He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction, and the Mental Health and Wellbeing Commission legislation, are: Māori; Pacific peoples; Refugees and migrants; Rainbow communities; Rural communities; Disabled people; Veterans; Prisoners; Young people; Older people; Children experiencing adverse childhood events; Children in State care

options are few. Social hubs provide physical and face-to-face connection; digital connectivity is important for sharing information and maintaining wellbeing (including through connection to whānau and friends); public messaging promoting mental health and wellbeing can include simple tips to help people deal with anxiety; and services that support wellbeing (including whānau support worker visits, and schools and mental health and addiction services opening) will help keep people safe.

In the longer-term, work to build a sense of community and ensure that social infrastructure is resilient is essential to help prevent many of the worst mental health, addiction, and wellbeing effects of the next crisis.

It is important that the support, particularly mental health services, are not time limited in their provision. There is a risk after any crisis that as the immediate need diminishes, attention and support will reduce. We know that the ongoing impacts will be long-lasting, and that experiencing multiple 'shocks' or crises compounds the impact and can contribute to cumulative and collective trauma – in the current context, communities had already been hit hard by COVID-19, and then by the floods and/or Cyclone Gabrielle.

We know that preparing for future crises will require ongoing support. It is important that this work is begun now, drawing and building on lessons learned from the many crises Aotearoa New Zealand's communities have endured in recent times, and maintained past the immediate crisis.²

Based on the findings of this report, and explained in further detail below, we recommend that:

1. Decision-making about responding to crises and supporting wellbeing more broadly, must be done in partnership with Māori and inclusive of Māori leadership.
2. Other communities who are directly affected be involved in decision-making, including children, young people, rangatahi Māori, whānau, tangata whaikaha, people with disabilities, and culturally and linguistically diverse peoples.
3. Accessible and responsive trauma and distress support be put in place without time limit on their provision.
4. Alongside the effort to re-establish physical infrastructure and core services, social infrastructure be prioritised.

² Recent crises include the Canterbury earthquakes, Kaikōura earthquake, Whakaari, Christchurch mosque terror attacks, COVID-19, New Lynn terror attack, and a number of other recent flood-related disasters.

5. Government support should help community organisations and marae now, and support their sustainability and resilience, so that they are well positioned to be both responsive during recovery, and ready for the next crisis.
6. Urgent action reinstates and also improves connectivity and digital infrastructure for rural communities and other groups who experience digital exclusion.
7. Investment is made in 'primary prevention' of violence so that communities are enabled to take a lead in changing those social attitudes, behaviours and norms that support violence, to reduce the risk of violence in the future.
8. Research into wellbeing is resourced, to understand the impacts of crises, like the floods and Cyclone Gabrielle, to help the ongoing response, help us prepare for future crises, and support greater wellbeing.

Background

This paper is the fifth in a series of eight short, focused insights reports that will highlight key elements of the wellbeing impacts of the pandemic in Aotearoa. In this paper, we look at lessons learned from the COVID-19 pandemic so far, and how these can help the government and communities respond to other crises³, like Cyclone Gabrielle.

Individually, we each have a sense that our wellbeing is made up of a great many factors – some concrete and material, some intangible but no less important. Taken together, as in our He Ara Oranga wellbeing outcomes framework (see Appendix 1), we know that people need to have their rights, dignity and tino rangatiratanga fully realised, they need to feel safe, valued and connected to their communities and their cultures, and they need resources, skills, resilience, hope and purpose for the future. This understanding of wellbeing has guided the research for this paper.

This paper lays out what we can learn from the impacts of COVID-19 on communities in Aotearoa, to help in responding to and recovering from crises, drawing on findings from our previous reports.⁴ This includes findings on the impact of COVID-19 in relation to media coverage, older people, rural communities, and safety in the home, and draws out common threads that appear applicable to other crisis situations. The reports bring together rapid literature reviews, data from large social surveys that act as population wellbeing indicators, and engagement with community and advocacy groups, to collectively provide a picture of the impact of the COVID-19 pandemic on communities wellbeing in Aotearoa.

Content warning

The analysis in this report references topics that some readers may find distressing - please note that family violence is referred to on pages 8 and 9.

Findings

Who can we expect to be impacted in a crisis, and how?

We know from experience with crises and disasters in Aotearoa, such as the Christchurch earthquakes and regional flooding events, that many people are impacted, both directly and indirectly, immediately and in the longer term. How the impact plays out can vary depending on many factors, within and between communities. Research

³ 'Crisis' here encompasses natural disasters, human made nonintentional disasters and intentional acts. Aotearoa has, in particular, a propensity to natural disasters such as earthquakes, volcanic eruptions and severe weather events.

⁴ For our COVID-19 insights series see: <https://www.mhwc.govt.nz/our-work/covid-19-insights/>

shows us that individuals and communities can be vulnerable and resilient at the same time - vulnerable to some impacts, and resilient to others (Stephenson et al., 2018). Communities can be incredibly resilient and strong to get through the immediate crisis; then as that period wears off, shock and continuing uncertainty set in, and different stages of grief are experienced, including anger and frustration in some instances.

It is likely that, through the effects of geography, structural inequities, and access to social and economic capital, that the following will be true in any major crisis:

We can expect rates of distress and addiction to increase following crisis.

Groups who already experience disadvantages are likely to be negatively impacted.

We have heard repeatedly from communities that the COVID-19 pandemic has compounded pre-existing stressors for many people and consequently impacted wellbeing. Often, people who were doing okay prior to the pandemic continue to do okay, whereas those already struggling are struggling more. While individuals' experiences varied considerably, research found that some groups were more likely to be affected following the Christchurch earthquakes, including those on low incomes, people with chronic illness or disability, Māori, Pacific, ethnic minority groups and older people (Morgan et al., 2015). International evidence has also demonstrated that people with a history of mental illness, and children and young people are more likely to have mental health problems after a disaster (Goldmann & Galea, 2014). Advocacy groups highlight that children and young people, tangata whaikaha and people with disabilities are likely to experience particular challenges as a result of crises. Communities who we know may already face greater challenges to wellbeing and/or accessing support are likely to be the worst affected now, and to face the greatest challenges in the recovery period to follow.

A new community of people will experience stress and distress . Following a disaster, people can experience trauma, shock, stress, grief, despair, depression and anxiety, with this “exacerbated and prolonged by personal and property losses, relocation and disruption to social support networks and daily activities” (Johal & Mounsey, 2016, p.104). Advocacy groups point out that disruption to usual channels of communication and access to necessities, such as food, impacts communities differently depending on their situation and needs. Anxiety levels are likely to be higher than usual, with support services reporting community anxiety following recent weather crises related to uncertainty regarding the recovery and housing, future weather-disaster, and particular collective triggers that now exist, such as when rain fall is forecast or happens. There is both the emotional and practical effects of losing material things, such as taonga that cannot be replaced, homes and possessions, with lack of insurance hitting some harder than others. People who have previously had limited, if any, experience of financial hardship will be exposed to needing and navigating government assistance in relation to

home and income, available on the successful criteria weighting. Access to essential services, schools of choice, and support services for mental health and wellbeing, is more challenging as services and networks are disrupted. While the majority of people in these situations experience passing distress, for some the distress will last longer (Johal & Mounsey, 2016).

Some wellbeing impacts are experienced immediately during the crisis, others emerge much later. International research suggests that post-disaster symptoms of mental health distress peak in the year following the disaster and then improve, but for many people the distress can persist for many years (Goldmann & Galea, 2014). Canterbury Earthquake Recovery Authority (CERA) estimated that psychosocial recovery takes between five and 10 years and is achieved when the people and communities “have established a relatively stable pattern of functioning, regained a sense of control and are oriented towards their future” (CERA, 2013, p.iii). Years after the Christchurch earthquakes the mental health impacts were evident with many people in Canterbury still dealing with “chronic stress, including post-traumatic stress disorder, depression and anxiety, driven by feelings of uncertainty, insecurity, hyper-vigilance and disturbed sleep” (Stephenson et al., 2018, p.6). Some, who had coped with initial pressures, were seeking help after years of repeated crises triggered by the earthquakes, such as job loss, relationship breakups and housing issues.

Alcohol and drug use are likely to increase. The trauma and stress of crisis circumstances may lead to people who already use drugs and alcohol using more. It may also lead to some people who have had a break from using deciding to use again.

Rural communities can be hit particularly hard by crises.

Multiple factors converge to increase the risk posed by any crisis to the wellbeing of rural communities, including fewer healthcare options and less internet infrastructure, along with an older average age of rural populations (Hall et al., 2020). While people living in rural areas reported particularly high levels of life satisfaction and good wellbeing pre-COVID (Kōtātā Insight, 2021), they also face unique challenges and greater inequities in accessing mental health and social support services, through geographical isolation (Government Inquiry into Mental Health and Addiction, 2018). The closure or repurposing of places which act as social hubs in rural areas, such as marae, schools and libraries, has a major impact on communities. Within rural communities, rural advocacy groups underscore the stress that farmers and growers have been experiencing, both prior to and during the COVID-19 pandemic. The compounding stress impacts on the farmers and growers, and also their partners and families, who advocacy groups note are often the ones ‘holding things together’.

With a higher rural population, rural issues are disproportionately Māori issues. The COVID-19 pandemic impacted rural Māori, often exacerbating inequities and impacting on wellbeing as marae closed, along with community health and support services. Marae are the stronghold of rural Māori communities and the impact of these closing during the lockdowns was keenly felt and the inability to tangihanga together was hard (Te Kupenga Net Trust, 2020).

Rural Māori face distinct health challenges, caused by compounding inequities, including socioeconomic deprivation, comorbidities, infrastructure inequalities, poor connectivity, access to healthcare issues and institutional racism that impacts on navigating the system (Blattner, 2021; Eggleton et al., 2022; Lyndon, 2021). Environmental crises, too, are of key concern, as connection to place, and the meaning of the land, is deeply intertwined with identity for Māori.

Older people are at risk of greater isolation and mental distress.

During the first COVID-19 lockdown older people were generally less distressed than others, perhaps reflecting resilience from having overcome past adversities (Every-Palmer et al., 2020). However, it was evident from the reports of advocacy groups that some older people, particularly those who live alone, are at risk, with less social support, greater isolation and mental distress. Services that support older people, such as home care, can be disrupted in a crisis. Advocacy groups point out that home care visits serve a social purpose beyond domestic help – their reduction impacts older people’s mental health, and phone support does not provide the same value to many older people. Older people with more precarious economic or employment situations, and those who are caring for dependent others face particular challenges. Crisis-related job loss will mean sudden retirement for some, because of the difficulties in regaining employment or re-training in older age (Stephens & Breheny, 2022).

We can expect crises to heighten wellbeing concerns for rangatahi Māori and young people.

Psychological distress and poor wellbeing were reported at particularly higher levels during the COVID-19 lockdown for young people (Every-Palmer et al., 2020). Since the onset of the pandemic, young people are experiencing greater uncertainty, anxiety, and stress related to their future prospects and the state of society at large, with significant implications for their wellbeing (Webb et al., 2020). Rangatahi Māori and young people have major concerns about social, economic and environmental challenges ahead, with climate change being a particularly pressing issue (Fleming et al., 2020). They have repeatedly called for urgent climate action by political, agency, business and community leaders, leading large-scale mobilisation on climate change action in recent years,

including the Pacific Climate Warriors, School Strike for Climate and 4 Tha Kulture, amongst others. In our engagement with young people, we learned of their frustration and despair at the lack of response to those calls. Young people feel distressed that decisions being made now about climate policy will be insufficient to prevent serious impacts on their future choices, and the limits that this places on future choices, for example around having children (Fleming et al., 2020; The Hive & Curative, 2021).

Crises also pose specific challenges for rainbow young people who live with families unsupportive of their identity. During the COVID-19 lockdowns around a third of rainbow young people reported having issues with family, including feeling unsafe (Ministry of Youth Development, 2020; Youthline, 2021). Homelessness is an issue for rainbow young people (McAllister et al., 2021). This can be exacerbated during a crisis, with these young people already more likely to lack access to support to manage their emotional wellbeing and appropriate health care often as a result of systemic discrimination (Webb et al., 2020).

Crisis situations heighten the risk of family violence, increasing the threat to people exposed to these harms.

International research shows that gender-based violence, violence against women and children, sexual violence and interpersonal violence escalate and intensify during natural disasters and emergencies (New Zealand Family Violence Clearinghouse, 2020). Events that cause financial insecurity and stress, particularly when coupled with uncertainty, such as the Global Financial crisis in 2008 and the Christchurch earthquake, have been shown to lead to an increase in conflict and aggression at home, which can lead to violence (Johnston, 2020; Papesch, 2022). The increased rate of violence against women occurring alongside COVID-19 is such that it has been called ‘the shadow pandemic’ by UN Women (2020).

The ‘lack of community eyes on children’ during a crisis, with less oversight of professionals and organisations, can lead to decreased reporting of harm, as happens during the school holidays (The Children’s Convention Monitoring Group, 2021). Children already at risk of harm of family violence are increasingly vulnerable with the sudden and extended lack of oversight, along with lack of access to friends, teachers, social workers and the safe spaces and services that schools provide. Community engagement is a recognised protective factor for mitigating the effects of family violence exposure for young people and the closure of places under various levels of lockdown exacerbated the risk of detrimental effects on young people experiencing family violence in their ‘bubbles’ (Webb et al., 2020).

Former refugees and migrants may experience particular challenges.

A number of factors increase the challenges for former refugees and migrants in accessing support and help in times of crisis, including limited knowledge of available services, difficulty of language barriers, lack of translated material and/or access to interpreters, lack of cultural support, socioeconomic barriers, experiences of racism and discrimination, and, for some, still in the process of integrating into formal and informal institutional and social structures in Aotearoa (Stephenson et al., 2018; Webb et al., 2020; Zhu, 2021). Former refugees may also have previous traumatic experiences and already be dealing with post-traumatic stress, which is likely to be exacerbated. Conversely, former refugees may also have greater resilience due to coping mechanisms learnt from experiences of survival, and from strong community networks.

People who lack digital connectivity face additional challenges accessing support.

During the pandemic, poor connectivity was associated with worse wellbeing for some people, such as farmers (Federated Farmers of New Zealand, 2022). Digital connectivity is a promising solution to overcoming barriers to accessing mental health and wellbeing support services during a crisis (Goldmann & Galea, 2014). However, there are challenges with this for economically disadvantaged groups, some older people and those people living in remote and rural Aotearoa (Federated Farmers of New Zealand, 2022). There is an increased risk of health disparities as telehealth options are challenged by poor mobile phone coverage, technology difficulties for some older people, and those with poor information technology literacy (Eggleton et al., 2022).

What works well in a crisis?

We know from experiences during the COVID-19 pandemic that some kinds of support have had a meaningful impact and been recognised by the communities affected as particularly helpful.⁵ This includes recognition of the importance and effectiveness of early intervention. Of key importance to wellbeing, is the role that communities themselves have to play during crisis recovery. Researching recovery following the Matata floods of 2005, Spee (2008, p.28) noted:

Community participation is crucial post-disaster as people are often suffering from a strong sense of powerlessness and being directly involved in their own recovery gives them a sense of control and hope.

⁵ Presented here are a collection of highlights from across our reports - this is not a stocktake of successful initiatives; rather it provides some guidance as to the support that has helped.

Māori-led responses offer community protection and support, for Māori and non-Māori. The high degree of social cohesion within Māori communities, with strong social bonds, networks and established processes for nurturing others, likely off-sets inequalities in support at times of crisis (Morgan et al., 2022; Stephenson et al., 2018). There are multiple examples of this, such as the response of the Takahanga Marae following the Kaikōura earthquake, which acted as a distribution centre and provided 1,200 meals, three times a day, to stranded Kaikōura residents, emergency response personnel, tourists and their own whanau (Stephenson et al., 2018). Marae are the stronghold of rural Māori communities (Te Kupenga Net Trust, 2020), and those that are used to hosting large numbers of people are well prepared for disasters, with large stocks of food and the ability to mobilise their people to support a response quickly and efficiently (Stephenson et al., 2018).

During the COVID-19 pandemic the health and wellbeing of communities was protected through hapū and iwi responses, such as roadblocks and checkpoints, keeping kōhanga reo (which have a number of kaumātua working there) closed, organising the distribution of care packages, and bringing together kaumātua and those with in-depth knowledge of tikanga and mātauranga Māori to adapt tikanga, such as creating online tangihanga guidelines and hosting online karakia (Mulgan et al., 2021; Pihama & Lipsham, 2020; Te One & Clifford, 2021). Older Māori people received pastoral and material support from familiar Māori providers, including Māori hauora (health) or social services who were resourced sufficiently and utilised marae to support Māori (Morgan et al., 2022). Kai packs, hygiene packs and supermarket vouchers delivered to their doorstep during lockdown reminded kaumātua that they were remembered and cared about (Dawes et al., 2021).

A higher-trust or lower compliance approach was a reported feature of the Government response to the pandemic, along with increased technology capability in marae and other connection points. This enabled contracted partners to be responsive with use of time and resources to the needs of families and whānau (Social Service Providers Te Pai Ora o Aotearoa, 2023). There are many examples of this, including:

- Sustainability funding was provided to Te Korowai Hauora o Hauraki by the Ministry of Health and Hauraki Primary Health Organisation, which diverted funds for activities that could not take place due to COVID-19, to ensure the four general practices did not fall over. Rural communities were kept updated on the rapidly changing information via Facebook and YouTube. Systems were developed in which patients were screened by phone first, with tele and video consultations available, and a mobile clinic service.

- The MSD Community Connectors service, which helps people access information, support and services, was expanded to flexibly respond to the needs of people self-isolating, and recognised by advocacy groups as being a helpful initiative that could be extended and adequately funded.
- Through the Economic Recovery Fund, the Ministry for Primary Industries was able to fund and support the development of rural community hubs. There are 32 hubs as a result of the programme and most of them are ‘new’ initiatives, with each one having its own aspirations driven by the local community.
- Organisations such as Kahangūngū Whānau services worked with social housing agencies and Government during COVID-19 to relax policies/processes to get homeless people into homes with IT, power and food
- Government partnered with specialist organisations, such as Whakarongorau Aotearoa, to provide alternative free telehealth services.

Community leaders stepped up to meet local needs, often when they considered that central government had failed to act in the way needed. They translated information and disseminated it to their communities, co-ordinated the distribution of food packages and other necessary items, and liaised with council and civil defence services, which was frustrating at times when their status was not recognised. They also provided a great deal of emotional support, helping alleviate older people’s fear and confusion.

Community organisations such as churches were very important, acting as hubs for social check-ins, and distributing food and other necessities. The delivery of food over the course of the pandemic was an important point of social and emotional connection for older people, particularly when the food received was tailored to an individual’s cultural preferences (Morgan et al., 2022). Churches offered spiritual guidance for Pacific and Asian communities, particularly older people, via platforms such as Zoom, Facebook, WeChat and KakaoTalk (Morgan et al., 2022).

Workforce wellbeing is an issue, with advocacy groups highlighting the impact on members and kaimahi of years of dealing with the COVID-19 pandemic, in relation to themselves and those they help and support. It is important to remember that members of community organisations and kaimahi are also going to be impacted by crises as these unfold, with the cumulative effects of having worked through the pandemic and other disasters (such as floods and the cyclone in Tāmaki Makaurau). Most community-based social support organisations don’t have the financial resource to be able to invest in things such as employee assistance programmes/funded access to counselling, but are aware of the toll that crises support has on their kaimahi.

Recommendations

It is worth reflecting that media coverage can be expected to largely focus on mental health impacts from changes to people's work, education, and lifestyle, the material impacts of this; and solutions focused on access to services, supports, and resources. A holistic response should include broader aspects of good wellbeing – including connection, hope, rights, self-expression, Māori cultural needs, and self-determination of individuals and communities.

All of the recommended actions in this advice make a valuable contribution to supporting greater wellbeing. The pandemic and subsequent weather emergencies have only made them more urgent, and have likely provided additional public support for such wellbeing-supporting action.

- **Decision-making about responding to crises and supporting wellbeing more broadly, must be done in partnership with Māori and inclusive of Māori leadership**, from the base of their iwi and hapū, guided by tikanga and kawa. Besides the crisis-response impacts, tangata whenua have told us that expression and recognition of their rights to self-determination are necessary for collective wellbeing.
- **Other communities who are directly affected should be involved in decision-making**. This should likely include children, rangatahi Māori, whānau, tangata whaikaha people with disabilities, and culturally and linguistically diverse peoples. As well as improving the quality and reach of crisis responses in the future, this involvement has a real wellbeing benefit – in helping communities to exercise self-determination and providing a sense of control and hope for the future.
- **Trauma and distress support will need to be in place**, as Aotearoa does not have a designated/comprehensive system for supporting people through trauma. This should include funding, scaling-up, and promoting mental health and psychosocial support services for children and rangatahi; and ensuring that holistic hauora and wellbeing (including mental health) is an explicit strand of the recovery plan, with national oversight (Social Service Providers Te Pai Ora o Aotearoa, 2023). Lived experience community organisations in particular will need support, as their people will need additional support – and the mental health services in place will be needed for some time. Peoples' experience of trauma will vary, and the services to help them through this should not have a real or implied time limit on their provision, or a resulting the 'get over it' attitude.
- It is important, alongside the effort to re-establish physical infrastructure and core services, that social infrastructure is prioritised. This means ensuring local

social hubs, such as marae and libraries, are up and running; it means putting face-to-face support back in place, such as carer and social worker visits, and opening schools; and it means ensuring the social services, community services and volunteers that are reaching into communities are sustainably supported. Where people with mental health, addiction or wellbeing challenges are being directed to marae-based support, it is necessary to ensure that marae are adequately resourced with the capability to be responsive to these needs.

- **Government support should help community organisations now**, (for example, through flexible and responsive funding, alleviating compliance burdens, and supporting coordination across silos), **and support their sustainability and resilience, so that they are well positioned for the next crisis**. Community-led responses are pivotal in maintaining wellbeing and safety across the country and their support will be essential for longer-term recovery. Community organisations are deeply embedded on the ground and, therefore well placed to respond to changing needs. Government support should enable communities to prioritise a focus on strengthening families and whānau within recovery, including through adequate household resourcing and support to keep children and rangatahi safe and well, and proactively facilitate opportunities for the direct views and ideas of children, rangatahi and whānau to be heard and influence recovery plans. Broader wellbeing benefits can also be expected – being connected to a community, and having a sense of “place, purpose and belonging” can have a powerful effect on wellbeing.
- **There is an urgent need to reinstate and also improve connectivity and digital infrastructure for rural communities and other groups who experience digital exclusion**. This will support personal connection, enable health and support services, and provide a level of security and hope to isolated people, both in and outside a crisis situation. That said, support must be community led, and cannot be driven purely online.
- One way to ensure there is not an increase in violence during the next crisis is to **invest in ‘primary prevention’ of violence** so that it does not happen in the first place, for example by promoting respectful, non-violent relationships, and enabling communities to take a lead in changing social attitudes, behaviours and norms that support violence. Communities and organisations need to be enabled to respond early to violence when crisis occurs, through investment and ensuring they have the means to respond and take effective leadership in issues affecting their communities.

- **Research into wellbeing is also needed.** The lack of data and evidence to support wellbeing of communities, such as rural and small communities, urgently needs to be addressed; as does better understanding of the impacts of crises on family violence. Investing now in understanding the impacts of a crisis, like Cyclone Gabrielle, will help the ongoing response and ensure that it remains topical and therefore prioritised; it will also help us prepare for future crises and support greater wellbeing.

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