

The Treasury

Budget 2014 Information Release

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Chair
Cabinet Committee on Canterbury Earthquake Recovery

IMPLEMENTING A STRATEGY FOR PSYCHOSOCIAL RECOVERY FOR GREATER CHRISTCHURCH

Purpose

1. This paper seeks Cabinet approval of the future focussed, high level strategy, *Community in Mind*, to guide the on-going direction and integration of psychosocial services and supports to assist recovery.¹ It also summarises progress with the associated Programme of Action which will outline activity for report back to joint Ministers in May 2014.
2. This paper also seeks Cabinet support for the continuing provision of core psychosocial services and asks Cabinet to note that I support the Minister for Social Development's Budget bid for on-going funding for three core services through the 2014 Four-year Budget Plan process.

Executive Summary

3. Rebuilding greater Christchurch is one of the Government's top four priorities. International literature suggests that psychosocial recovery after a disaster takes five to ten years. At year three, Canterbury is still in the early to middle stages of the recovery.
4. Over the past three years, in line with the principles of *Better Public Services*, agencies have collaborated to adapt and develop a range of psychosocial services to assist recovery. Government agencies agree that on-going provision of these services is required to achieve a full recovery.
5. Evidence shows that the greatest stressors facing residents are living in damaged homes and temporary accommodation, and working through the complex repair and rebuild process.² It is estimated that the lives of nearly a quarter of greater Christchurch residents are still disrupted by these stressors.³
6. The Canterbury Earthquake Recovery Authority (CERA) and the Ministry of Business, Innovation and Employment (MBIE) are leading a joint Housing Recovery Programme to address housing issues and DPMC is leading work to address insurance issues. Linkages between these programmes and psychosocial activity will continue.
7. The repair and rebuild is projected to peak in late 2014 with 2,500 households temporarily displaced at this time and will plateau before declining in late 2016. Agencies expect this disruption will continue to impact on wellbeing over the next three years.

¹ Psychosocial effects are the individual effects that impact on how people cope and the social effects that impact on how people relate to each other after a disaster.

² CERA Wellbeing Survey, April 2013

³ Ibid

8. In 2013/14 an estimated \$17 million was spent on psychosocial services with the two agencies, Canterbury District Health Board (CDHB) and Ministry of Social Development (MSD), investing the majority (\$6.4 million and \$6.35 million respectively).
9. In 2011 MSD established three new core services: the Earthquake Support Coordination Service, short term counselling and the 0800 Canterbury Support Line from the Canterbury Social Support Fund⁴ which expires in June 2014. Inland Revenue (IR) and Te Puni Kōkiri (TPK) co-funded the Earthquake Support Coordination Service.
10. In late 2013 agencies jointly developed the *Community in Mind* Strategy [Appendix 1] to guide the provision of psychosocial services over the next three years.
11. The Strategy will be supported by a Programme of Action that details agency-led services and community-led activities that contribute to psychosocial recovery. Agencies will report back in May 2014 to the Ministers for Health, Social Development, Canterbury Earthquake Recovery and Education on the integrated service model within the broader Programme of Action.
12. CERA will provide oversight and monitoring of the implementation of the *Community in Mind* Strategy and Programme of Action.
13. Agencies agree that the Earthquake Support Coordination Service, the 0800 Canterbury Support Line and short term counselling are three critical elements of the on-going provision of psychosocial services. These services help manage demand for higher tariff services and reduce the effects of stressors⁵.
14. The Minister for Social Development is seeking \$13.5m of additional funding for these three critical services in her 2104 Four-year Budget Plan. I support this Budget bid.
15. The future focused four year funding commitments across agencies are a significant whole of government response to the recovery of greater Christchurch. Agencies are working to develop a forecast of whole of government spending on psychosocial services, supports and information in outyears.
16. CDHB will continue to provide specialist mental health and addiction services and fund mental health and alcohol and drug services delivered by primary and community providers. The Ministry of Education (MOE) will fund psychosocial services in schools and the Ministry of Health (MOH) will fund the "All right?" social marketing campaign.
17. CDHB will fund 2 FTEs for the Earthquake Support Coordination Service in 2014/15. IR and TPK have indicated they cannot fund their contributions from baseline funding after June 2014. TPK is moving towards a different service provision focus.
18. The Minister of Social Development and I support an early announcement of Budget decisions relating to any new funding for psychosocial support to give certainty to the non-government organisations contracted to MSD to deliver these services and help them maintain capacity.

4 Previously the Canterbury Earthquake Recovery Fund.

5 The 0800 Canterbury Support Line triages callers into various services which might include the Earthquake Support Coordination Service, counselling or the services offered through the education or health systems. The counselling service provides free face to face or phone counselling to people requiring this support through the recovery. The Earthquake Support Coordinator's role is to "walk beside" the resident as they navigate a myriad of technical, as well as social and practical issues.

Background

19. In 2010 Government established an integrated multi-agency psychosocial system based on the findings of the Australian Victorian bushfires. This included additional support services, such as the 0800 Canterbury Support Line, the Earthquake Support Coordination Service and trauma counselling, community initiatives to support resilience as well as significant realignment of the mental health and education systems.
20. Services that were in place before the quakes have been adapted and increased to meet demand. In line with the principles of *Better Public Services*, agencies have collaborated in a way that has become the new 'business as usual'.
21. Over the last three years the core funders of psychosocial services have been Ministry of Social Development (MSD), Canterbury District Health Board (CDHB), Ministry of Health (MOH), Ministry of Education (MOE), Te Puni Koriri (TPK), and Inland Revenue (IR). In 2013/14 agencies allocated an estimated additional \$17 million for psychosocial services as follows: MSD \$6.35m; MOH \$1.04m; CDHB \$6.40m; MOE \$1.18m; TPK \$0.40m, IRD \$0.40m and CERA \$1.2m. Agencies have also significantly reorganised and realigned other services within baseline funding.
22. Government appropriated \$33 million into Vote Social Development⁶ from 1 July 2010 – 30 June 2014 through the Canterbury Social Support Fund based on the assumption that from July 2014 demand for services could be managed within baselines. However, on-going housing issues were not predicted.
23. The current psychosocial system is innovative, with multiple agencies deserving recognition for their contributions. The Psychosocial Intervention Pyramid demonstrates the layered system of supports. Universal supports such as the “All Right?” campaign sit at the base of the pyramid, then community and family supports such as the 0800 Canterbury Support Line sit at the next level of the pyramid. Targeted supports include the Earthquake Support Coordination Service and short term counselling. Specialised mental health services and services provided to schools by the CDHB sit at the top of the pyramid. Schools are provided with support at the top three levels by the Ministry of Education and other agencies.

FIGURE ONE – PSYCHOSOCIAL INTERVENTION PYRAMID⁷



⁶ Initially called the Canterbury Earthquake Recovery Fund.

⁷ Based on the Inter-Agency Standing Committee. (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. International Journal of Mass Emergencies and Disasters.

On-going demand for psychosocial services

24. International literature suggests that psychosocial recovery after a disaster takes five to ten years. At year three, Canterbury is still in the early to middle stages of the recovery.
25. Evidence from the CERA Wellbeing Survey, focus groups and other agencies, released in April 2013, estimates that nearly a quarter of people in greater Christchurch still have their lives disrupted and identifies the following:
 - In 2013, 21 percent of greater Christchurch residents experienced stress always or most of the time compared with 18 percent across New Zealand.⁸ Dealing with EQC/insurance is reported to be negatively impacting 26 percent of residents.⁹
 - Senior managers of social sector agencies report staff fatigue and burnout as they balance the pressures of home and workplace.
 - The education sector report that children are starting school “not ready” and presenting with behavioural problems due to stressed parents who are struggling to parent effectively.¹⁰
 - Family violence providers report that overcrowded housing is driving increases in family violence and women are staying in unsafe relationships due to the lack of affordable rental accommodation.¹¹
 - Despite increases to incomes, there are disproportionate increases in the cost of living: house purchase and rental prices have increased significantly (17% and 42% respectively), while rates, electricity prices, and insurance premiums are also increasing well above the rest of the country.¹²
26. Psychosocial services have been well utilised and while demand has stabilised it shows little sign of tailing off in the immediate future:
 - The 0800 Canterbury Support Line receives 400-500 calls a month
 - 51 percent of people are aware of the “All Right?” campaign¹³
 - Earthquake Support Coordinators assisted 2,082 households in the last financial year and helped over 8,000 households since the service started in 2011
 - Relationships Aotearoa counselling services receives 241 new clients a month
 - CDHB reports a sustained increase in demand for specialist mental health services for children, young people, and adults as well as increased demand for psychiatric emergency services, at a rate that is greater than before the earthquakes.¹⁴
27. Evidence shows that the greatest stressors facing residents are living in damaged homes and temporary accommodation and working through the complex repair and rebuild process.¹⁵
28. People living in temporary accommodation and those aged 35-49 years have emerged as the ‘new vulnerable’ in addition to previously identified groups with

8 CERA Wellbeing Survey, April 2013 and the Six Cities Quality of Life Survey, 2012

9 CERA Wellbeing Survey, April 2013.

10 CERA Social and Cultural Recovery Focus Groups, 18 & 19 September 2013, notes

11 CERA Social and Cultural Recovery Stakeholder Session, 26 June 2013, notes.

12 CERA data collection.

13 “All Right?” Is a Healthy Christchurch campaign led by the Mental Health Foundation and the Canterbury DHB

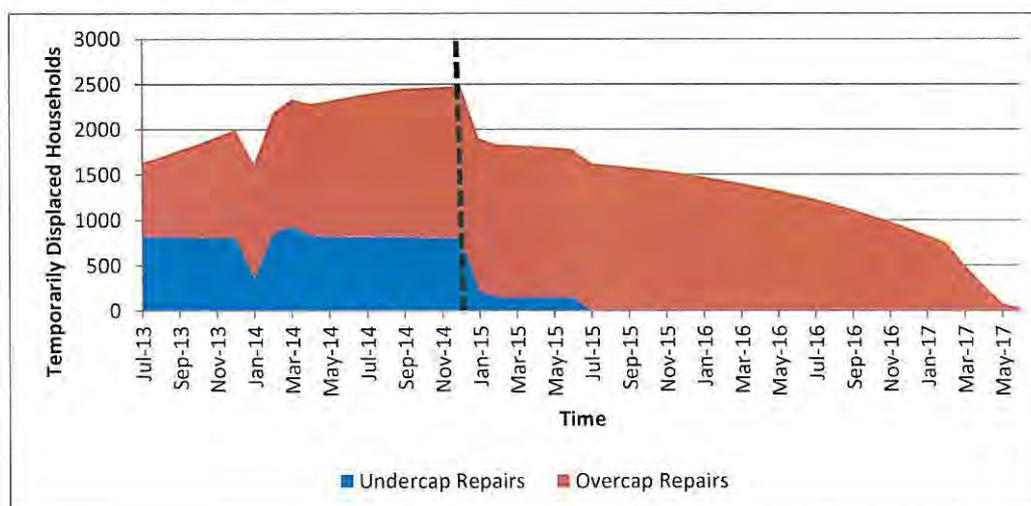
14 Canterbury DHB – Adult Services: Changes in demand 2009-2013. The CDHB has invested significant funding into housing because of accommodation shortages. These investments have occurred at the expense of other health services.

15 CERA Wellbeing Survey, April 2013.

vulnerabilities; people with health or disability conditions, low income, Māori, Pacific, young people and children.

29. These vulnerable groups continue to need a range of psychosocial support services. For example, those dealing with repair and rebuild issues, support is needed to help navigate through the process and to manage the associated stress. These needs are in addition to the more technical supports provided by the Residential Advisory Service and insurance hubs.
30. Household displacement¹⁶ has been used to estimate future demand for services such as the Earthquake Support Coordination Service, the 0800 Canterbury Support Line and short term counselling services using current demand as the baseline. Figure Two shows that the rebuild (and the number of temporarily displaced households) is forecast to peak in the fourth quarter of 2014 (see the dashed line). Current forecasts predict that household displacement is expected to lower in the fourth quarter of 2016 leading to a decline in demand for support services. The forecasted peak of nearly 2,500 households may be limited by the availability of temporary accommodation, pushing the displacement curve beyond 2016.

FIGURE TWO: HOUSEHOLD DISPLACEMENT¹⁷



31. Agencies expect continuing disruption and associated impacts on wellbeing to continue for the next three years and some residual needs are likely to remain for many years. From 2016/17 it is expected that this demand will be managed through business as usual service provision across agencies.

¹⁶ Displaced households include people moving out of their house for repair, people unable to find accommodation, households waiting for a new home and households moved from the Red Zone.

¹⁷ Household displacement data (MBIE) based on CERA Insurance/EQC survey July 2013. 'Overcap' - repairs or rebuilds that exceed the EQC cap (usually \$100,000 + GST) which are handed to private insurers, and will involve households living in temporary accommodation for longer. 'Undercap' repairs are organised by EQC. People generally move out for a relatively short period of time.

Provision of psychosocial services for the next 3 to 5 years

32. The draft Community in Mind Strategy has been prepared to guide the provision of psychosocial and support services in greater Christchurch for the next three years. It is expected that this Strategy will strengthen community resilience, safety and wellbeing for the residents of greater Christchurch. It aligns with the '*Recovery Strategy for Greater Christchurch – Mahere Haumanutanga o Waitaha*' [CAB Min (12) 18/7].
33. This Strategy has been endorsed by government agencies (CERA, MSD, MOE, MOH, CDHB, TPK, IR, the Ministry of Pacific Island Affairs (MPIA), the Mental Health Foundation, the Red Cross, the Mental Health Education and Resource Centre, He Oranga Pounamu, Selwyn District Council, Christchurch City Council and Waimakariri District Council.
34. The priority actions in the *Community in Mind* Strategy have been aligned around the three strands of activity:
 - 34.1. platform for community (what neighbourhoods and communities can do for themselves)
 - 34.2. innovative services (the focus of this paper)
 - 34.3. linking the first two strands through communications and engagement.
35. Implementation of the *Community in Mind* Strategy, and the supporting Programme of Action (in development), will require collaboration and community responses and initiatives as well as government funded services.
36. To progress the government funded services component of the broader Programme of Action, agencies will further consolidate an integrated service model. Design of this model will consider the inclusion of multiple entry points, common assessments, triage and referral pathways, a menu of help options including existing self-help resources and activities, linkage to community supports already in place, e-therapy, and group and individual counselling services.
37. Linkages will be made with the Canterbury Youth Mental Health Action Plan which supports psychosocial service delivery for young people. This is Action 26 under the Prime Ministers Youth Mental Health Project.
38. Inherent in the model will be intervening effectively at the lowest possible level in the Psychosocial Intervention Pyramid (Figure One) to limit the demand for more intensive and costly services. It will also need to align closely with the joint CERA-MBIE Housing Recovery Programme to address affordable housing for vulnerable people.
39. The four-year funding commitments across all agencies are a significant whole of government response to the recovery of greater Christchurch. Agencies are working to develop a forecast of whole of government spending on psychosocial services, supports and information in outyears.

Next steps

40. The Minister for Social Development is seeking \$13.5m of additional funding for the Earthquake Support Coordination Service, the 0800 Canterbury Support Line and short term counselling services in her 2014 Four-year Budget Plan. I support this Budget bid.

41. I understand that there are also Budget bids from other portfolios relating to increased funding for psychosocial support in greater Christchurch. If this funding is approved, I intend to work with relevant portfolio Ministers (Health, Social Development and Education) to consider a pre-Budget announcement relating to the package of any new psychosocial support funding.
42. MOH, MSD, MOE, and CDHB will work with CERA to develop and agree an integrated service model by May 2014.
43. Community conversations will be hosted by a range of groups to engage communities around the *Community in Mind* Strategy and to contribute to the community-led recovery elements of the Programme of Action. This will be generally overseen by CERA and the Territorial Local Authorities, and will be supported by agencies
44. CERA will continue to have oversight and monitor the implementation of the *Community in Mind* Strategy and the Programme of Action and will report back to the Minister for Canterbury Earthquake Recovery by May 2014.

Consultation

45. Consultation on this paper was undertaken with the following government departments: Department of Internal Affairs, Ministry of Social Development, Ministry of Health, Te Puni Koriri, Ministry of Pacific Island Affairs, Ministry of Education, Inland Revenue, the State Services Commission (SSC) and the Treasury.
46. The Department of the Prime Minister and Cabinet has been informed.

Financial Implications

47. The Minister for Social Development is seeking funding for the Earthquake Support Coordination Services, the 0800 Canterbury Support Line and short term counselling through the 2014 Four Year Budget Plan process.

Legislative Implications

48. This paper has no legislative implications.

Regulatory Impact Analysis

49. A regulatory impact statement is not required at this time as there are no regulatory changes.

Gender, Disability and Human Rights Implications

50. Children and young people, women and people with disabilities are some of the groups targeted for services and supports through the Programme of Action. The proposals in this paper are not inconsistent with the New Zealand Bill of Rights Act 1990, or the Human Rights Act 1993. The Human Rights Commission was consulted in the preparation of the *Community in Mind* Strategy.

Publicity

51. I intend to announce this Strategy publicly in coming weeks. As noted above, I will also work with relevant portfolio Ministers to develop a pre-Budget announcement relating to increased funding for psychosocial support in greater Christchurch, if such funding is approved through the 2014 Budget process.

Recommendations

52. It is recommended that the Canterbury Earthquake Recovery Cabinet Committee:

Background

1. **Note** that CERA Wellbeing Survey data found that nearly a quarter of greater Christchurch residents experience stress in dealing with the repair and rebuild process and this is particularly impacting on those in temporary accommodation, people aged 35-49 years, people with health or disability conditions, and Māori.
2. **Note** that stressors related to rebuilding are expected to continue for a further three to five years and demand for psychosocial support services is projected to peak in the fourth quarter of 2014 during the peak in the repair and rebuild programme.

Community in Mind Strategy

3. **Note** that CERA, MSD, MOE, CDHB, IR, TPK and MPIA have reviewed the psychosocial services required in outyears and have endorsed the *Community in Mind* Strategy attached as Appendix 1. While this Strategy sits independently from decisions in Budget 2014, its implementation requires on-going funding.
4. **Approve**, in principle, the *Community in Mind* Strategy, subject to recommendation 8.
5. **Direct** CERA to oversee and monitor the implementation of the Strategy and associated Programme of Action to ensure the delivery of the psychosocial services and community initiatives are well coordinated and communicated.
6. **Direct** agencies to report back to the Ministers for Health, Social Development, Canterbury Earthquake Recovery and Education on the integrated service model within the broader *Community in Mind* Programme of Action by May 2014.

Provision of psychosocial services

7. **Note** that a range of psychosocial support services have been funded by government agencies from 2010/11 to 2013/14 with CDHB and MSD providing the greatest investment.
8. **Agree** in principle that the provision of psychosocial services in greater Canterbury continue subject to decisions in Budget 2014.
9. **Note** that the Minister for Social Development is seeking additional funding for the Earthquake Support Coordination Service, the 0800 Canterbury Support Line, and short term counselling in her 2014 Four-year Budget Plan.
10. **Note** that the Minister for Social Development's Budget bid for additional funding for the Earthquake Support Coordination Service, the 0800 Canterbury Support Line, and the short term counselling is supported by the Minister for Canterbury Earthquake Recovery.

11. **Invite** the Ministers for Canterbury Earthquake Recovery, Health, Social Development and Education to prepare a pre-Budget announcement on new provision of psychosocial support for greater Christchurch, if funding is approval as part of the 2014 Budget process.



Hon Gerry Brownlee
Minister for Canterbury Earthquake Recovery

12/2/2014

Appendix One – *Community in Mind* Strategy

Community in Mind



Hei Puāwai Waitaha – a flourishing Waitaha

Strategy for rebuilding health and wellbeing in greater Christchurch.

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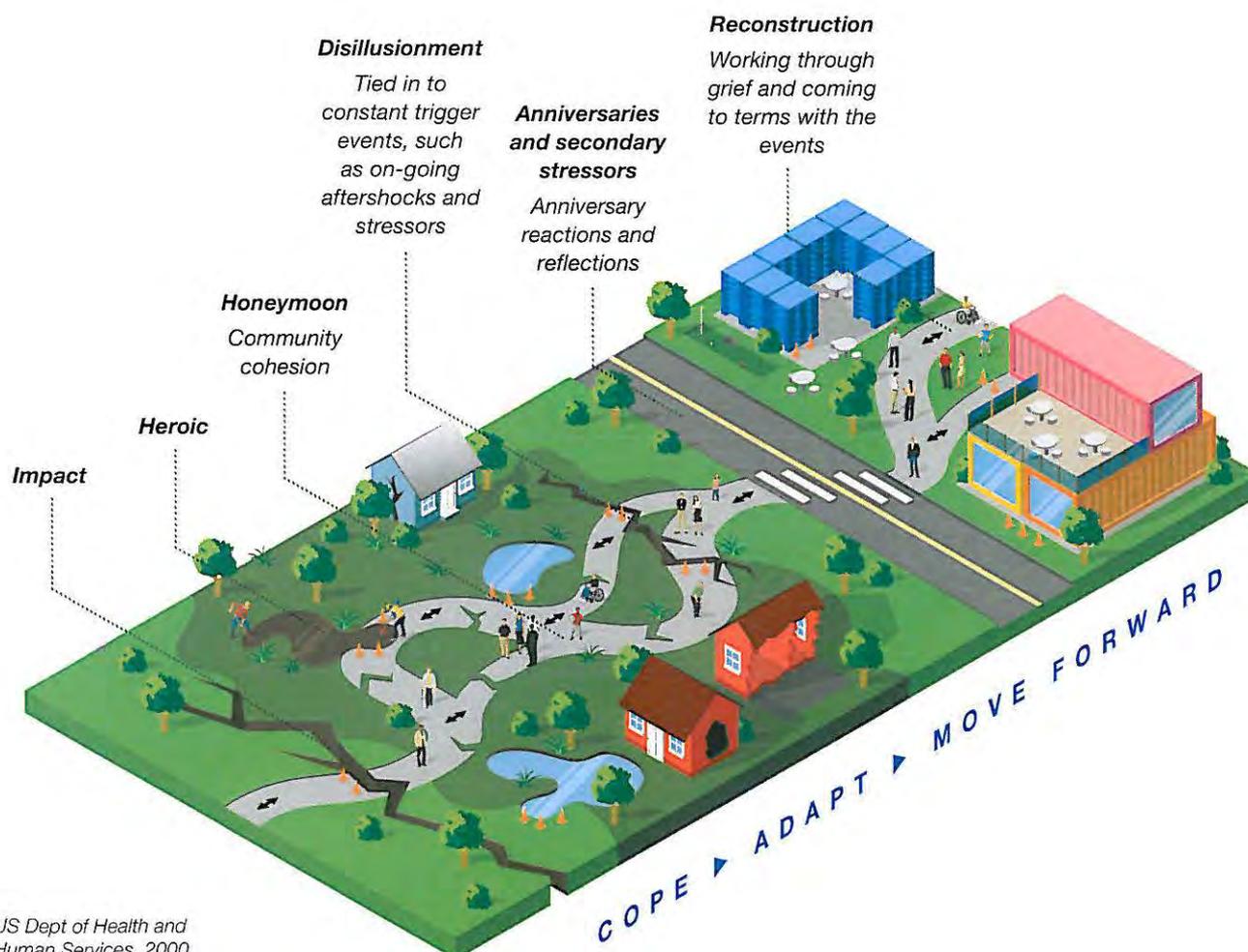
What is psychosocial recovery?

Psychosocial effects are defined as how individuals feel and how they relate to each other.

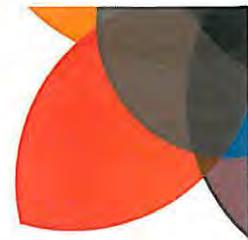
How are the people of greater Christchurch doing?

International literature suggests that psychosocial recovery after a disaster takes five to ten years. As the picture below shows, recovery has several phases which communities and individuals progress through differently. Initially people pull together to deal with immediate concerns then later wellbeing declines in a 'disillusionment' phase when people realise the full impact of the event. Wellbeing improves when people start to move forwards with their lives.

For us in greater Christchurch, this pattern was complicated by the aftershocks and the widespread impacts of the disaster. For some the disillusionment phase occurred several times.



US Dept of Health and Human Services, 2000



How are the people of greater Christchurch doing?

“...an important focus of recovery is the establishment of the basis for a new future. Recovery is, in the end, the resumption of a meaningful life: the life you want to lead.” - Dr Rob Gordon.

In September 2012, 42 percent of the population reported distress and anxiety associated with aftershocks, but by April 2013 this had dropped to 16 percent. In addition, the residents of greater Christchurch continue to face stress caused by the process of rebuilding their homes, businesses and lives. Dealing with insurance was negatively impacting 37 percent of the population in September 2012, and in April 2013 this continued to affect 26 percent of residents.

We have to find ways to cope with and adapt to the impacts of rebuilding our region's infrastructure, housing and community facilities. We have a way to go before we all feel that we are fully in control of our lives.

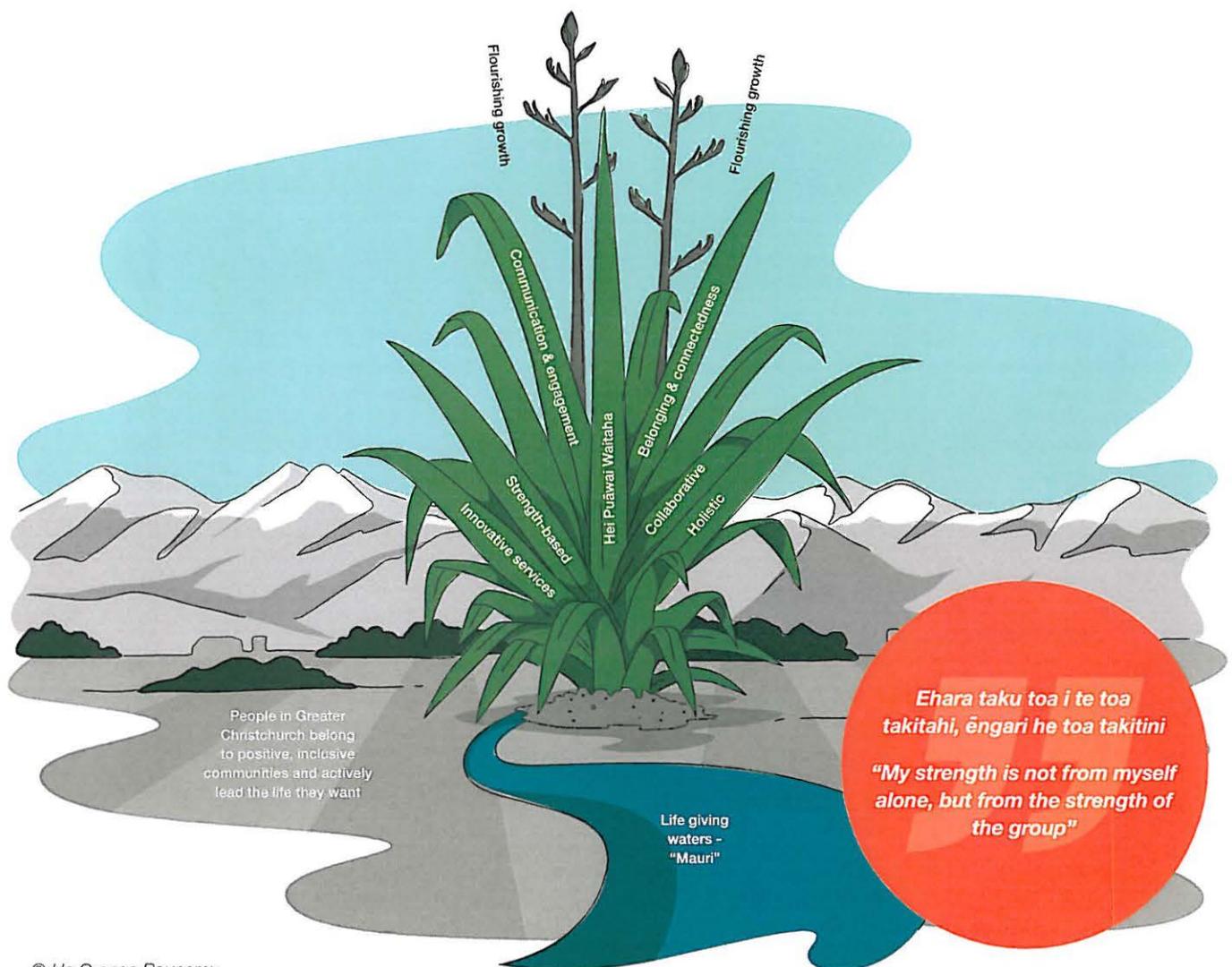
One in five residents report that they experience stress always or most of the time and many have taken advantage of the support available. Since September 2010, Earthquake Support Coordinators have helped over 7,000 households and thousands of people have accessed free counselling or received significant support from their GP, 0800 Canterbury Support Line or an Earthquake Assistance Hub. Thousands more have been visited in their homes by a community group, church or non-government organisation. Very meaningful and generous support has been offered daily by people who have taken the time to help their neighbours and others in their community.



The recovery process

Hei Puāwai Waitaha means a flourishing Waitaha.
People in greater Christchurch belong to positive and inclusive communities and actively lead the life they want.

The purpose of the Community in Mind strategy is to guide agencies to develop, target and coordinate their work programmes for the psychosocial recovery of greater Christchurch communities.



Strategy principles

When someone is flourishing they are interested and engaged in life, live with purpose and meaning, and feel positive most of the time. Resilience, positive relationships, vitality, self-determination, self-esteem, and optimism are also features of flourishing.

Strengths-based

Focus on the drivers of community strength and resilience. Improve the capacity of people to cope, adapt and move forward with their lives.

Holistic

Consider all the things that help keep people healthy: the determinants of health.

Targeted and evidence based

Use local and international evidence to evaluate and target services to those most in need.

Belonging and connectedness

Recognise that people are part of a whanau, communities and networks which bind them together.

Community in mind

Enabling and empowering communities to shape their own recovery is positive, self-organising and supportive of diversity.

Collaborative

Develop relationships and facilitate working partnerships in ways that complement each other's strengths.



*'Ko tāu rourou, ko tāku rourou,
ka ora ai te iwi'*

*By working together we
can make a difference.*

Strategy objectives

Community in Mind sets the following objectives to ensure that people in greater Christchurch belong to positive and inclusive communities and actively lead the life they want.

Leadership and Integration

- Communications are clear and use a variety of media.
- Monitoring data and information about psychosocial resilience are publicly available.
- Community leaders have access to tools, information and resources to increase skills and capability.
- Locally led initiatives are developed and valued as part of recovery.
- Agencies collaboratively deliver client-focused services.

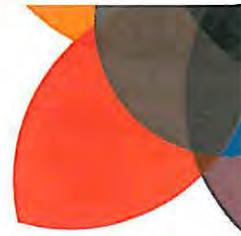
Social Environment

- Community connectedness gives people a sense of belonging and helps define peoples sense of place.
- Improved psychosocial understanding and learning for individuals and communities.
- Services are appropriately targeted and develop the strengths of high need populations.
- Community-led activities promote local empowerment and are positive, inclusive and well resourced.

Built Environment

- Spaces and places for communities to be, meet and do are safe, open and accessible.
- Community engagement influences the design of anchor projects.
- The needs of vulnerable populatons are accommodated in the built environment.
- Homeowners have clarity about the future of their properties and communities.
- Homes and buildings are safe, healthy and affordable to rent and to own.





**Economic
Environment**

- Volunteering and giving is valued.
- Insurance issues that are affecting the recovery are identified and resolved where possible.
- Local economies and businesses thrive.
- Recovery employment provides opportunities for skills development.

**Cultural
Environment**

- The stories, history and culture of Ngai Tahu are woven into the new Christchurch.
- Communities are culturally inclusive, encourage participation and work collaboratively.
- Participation in sports, recreation, arts and cultural opportunities increases.
- Sports, recreation, the arts and creative sectors are supported to contribute to community recovery.

**Natural
Environment**

- Opportunities to enhance the natural environment are embraced in the rebuild.
- Active transport options (cycling, walking, public transport) are supported.
- Green spaces and natural settings are accessible for play, reflection and relaxation in the city.

CERA wishes to acknowledge the contribution made by The Mental Health Foundation of New Zealand's 'Flourishing Otautahi' document



Priority actions:

The implementation of the six objectives of the Community in Mind are shaped by three inter-connected focus areas and the priority actions sit within these three focus areas. The associated Programme of Action describes how and who will implement this Strategy.



- Support and encourage communities to shape and lead their own recovery.
 - Build on capacity, knowledge and skills within the community to build resilience.
 - Influence recovery decision-makers through community engagement opportunities.
 - Build on understanding psychosocial recovery, how it affects people differently and ways to care for each other.
 - Organise activities to connect and to plan and prepare as a community or neighbourhood.
 - Build networks through participation in sports, recreation, arts and cultural activities.
 - Provide accessible leadership development opportunities for community leaders and service providers.
- Facilitate engagement for constructive and enduring governance, partnerships and relationships for recovery.
 - Promote information about pathways for people to access psychosocial services and supports.
 - Share understanding about psychosocial impacts experienced after a disaster and strategies to improve wellbeing.
 - Clearly communicate the stories of hope and progress as well as the challenges.
 - Communicate the availability of spaces, cultural activities and participation opportunities.
 - Provide access to community building tools, information and leadership learning sessions.
- Deliver services that are collaborative, accessible, innovative and inclusive.
 - Support communities through resettlement.
 - Listen to communities and collaborate to embrace a new way of seeing, learning and doing.
 - Target and adjust delivery models and referral pathways to develop people's strengths.
 - Ensure decision-makers consider the needs of vulnerable people and influence other programmes that help improve psychosocial recovery, such as the insurance and rebuild programmes.
 - Actively monitor and communicate trends to identify high need populations and emerging stressors.
 - Rebuild or repair accessible spaces for community, sport, art and cultural activities.

