

# PSYCHOSOCIAL SUPPORT PLAN 2023-2025



## Whakatauki

He aha te mea nui o te ao?  
 Maku e ki atu  
 He tāngata, he tāngata, he tāngata.

*Ask me what is the most important thing in the world?  
 And I will tell you  
 It is the people, the people, the people.*

## AUTHORISATION

Signed:

Interim District Lead, Te Whatu Ora – Health New Zealand Te Tai Tokerau

Date:

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### Te Whatu Ora – Health New Zealand Te Tai Tokerau

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## 1. Introduction

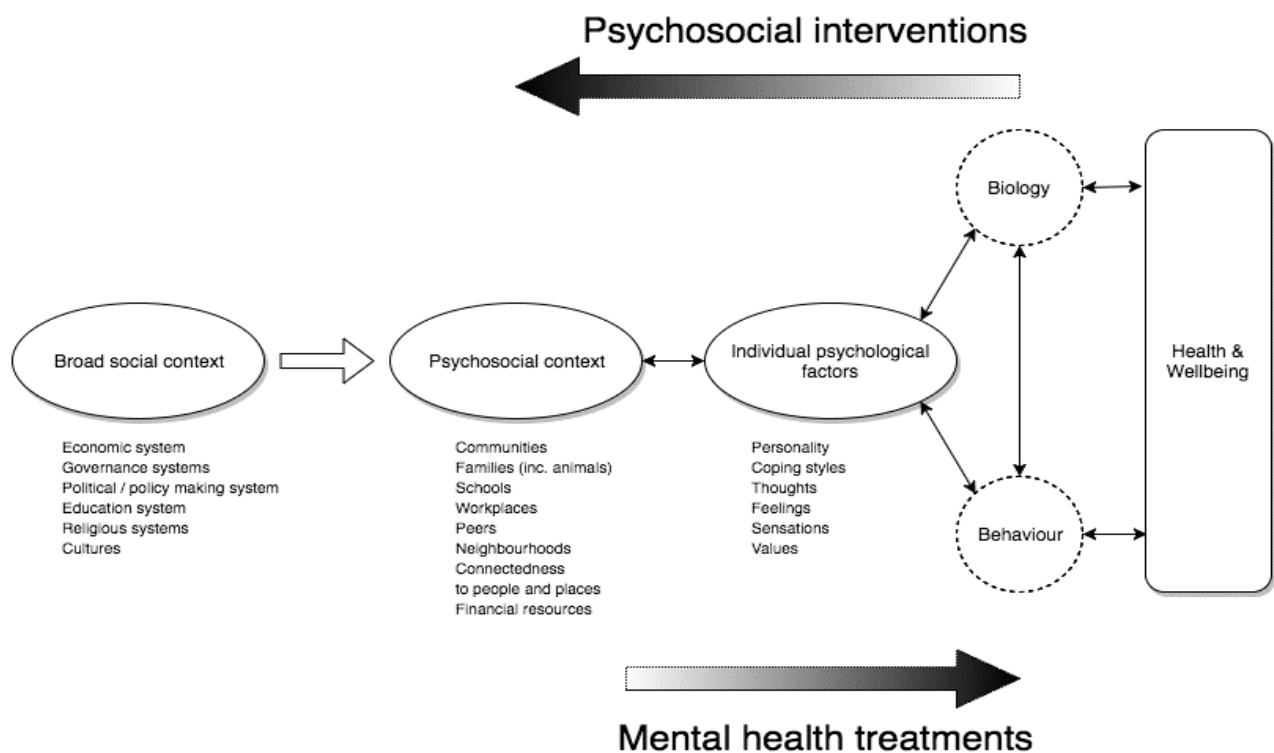
Our lives are structured around people and their communities. Therefore, it is vital that we plan for the welfare of people before, during and after an emergency, adapting the 4 R's of emergency management: Reduction, Readiness, Response and Recovery.

Emergencies can seriously impact the lives of people, impacting on the emotional, psychological and physical wellbeing of individuals, family/whānau and communities. People's lives are affected in many ways, such as experiencing loss of those close to them, physical injury or trauma, separation, loss of property and possessions, employment and income.

Delivery of psychosocial support is a coordinated response by government and non-government agencies that supports individuals, families/whānau and communities affected by an emergency. The success of the support depends on the ability of organisations to work together before, during and after an emergency.

Figure 1, below, outlines the relationship between broader social contexts, the dynamic psychosocial context and individual psychological factors, and how these may influence physical reactions and behaviour to shape health and wellbeing.

**Figure 1: Psychosocial support in context**



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## 2. Purpose

To outline how we will plan for and provide psychosocial support services for Northlanders in and after an emergency.

## 3. Legislative Context

The roles and responsibilities of New Zealand government agencies in an emergency and the specific provision of welfare is outlined in the [National Civil Defence Emergency Management Plan Order 2015](#) (National CDEM Plan) and [Guide \(2015\)](#) including welfare principles, processes, roles and responsibilities in an emergency. The National CDEM Plan identifies Te Whatu Ora the Lead Agency for Psychosocial Support coordination and planning, support agencies as identified in table below are involved in planning and testing this plan in readiness for a response.

The [Welfare Services in an Emergency Directors Guideline](#) describes the function of welfare and provides guidance to support the coordination and delivery of welfare services in an emergency.

The [Civil Defence Emergency Management Act \(2002\)](#) (CDEM Act 2002) outlines the welfare response for Civil Defence Emergency Management (CDEM) groups during an emergency in the form of providing for the relief of distress, including emergency food, clothing, and shelter (section 85 (d)).

### Additional Planning Documents

[Framework for Psychosocial Support in Emergencies](#) (Ministry of Health 2016)

<https://www.health.govt.nz/system/files/documents/publications/influenza-pandemic-plan-framework-action-2nd-edn-aug17.pdf>

The [National Health Emergency Plan](#) (National HEP) provides the overall strategic framework and guidance for the health and disability sector in planning for, responding to and recovering from health-related risks and consequences of significant hazards.

## 4. Context – Te Tai Tokerau

### 4.1 Te Tiriti

To recognise and respect the principles of Te Tiriti of Waitangi, the New Zealand Public Health and Disability Act 2000 outlines mechanisms health providers can use to effectively engage with Māori to address the relationships and obligations that come from Te Tiriti o Waitangi.

All agencies, service providers and community groups involved in planning, coordinating and delivering psychosocial support need to consider these mechanisms and apply an equity lens on decision-making.

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## 4.2 Demographics

Te Tai Tokerau/Northland is New Zealand’s least urbanised region with around 50% of its population living in rural areas. As a consequence of this dispersed population, the general approach to CDEM is one of centralised coordination with localised delivery. A key focus in Te Tai Tokerau/Northland has been the development of community response based planning to enable communities to be better prepared for, respond to and recover from emergencies.

Te Tai Tokerau/Northland has a higher than average Māori population (36% as compared to and the second highest rate in New Zealand for people identifying themselves as vulnerable. (refer 6.4) Groups that are particularly vulnerable in CDEM emergencies include:

- Those with disabilities or medical conditions
- The elderly, children in schools and care centres
- People in prisons or being detained on home detention
- International residents and English speakers of other languages
- Those in isolated communities (especially in coastal areas)
- And low-income households.

## 4.3 Cultural Elements

In comparison to the broader New Zealand population, Te Tai Tokerau/Northland has a higher than average Māori population (36% compared to 16.5% NZ – Census 2018). The Whangārei District population has approximately 90,960 people living in the District at 2018. At least half of the population resides in the Whangārei urban area. Approximately 30% of the Whangārei District population identified as being Māori (compared to 16% for New Zealand as a whole). The Far North District had approximately 65,250 people living in the District at 2018 with 48.3% identified as being Māori. The Kaipara District had approximately 22,869 people living in the District at 2018 and 24.6% of Maori Ethnicity (Statistics New Zealand, 2018).

The high Māori population density in Te Tai Tokerau/Northland requires a consideration of additional cultural elements in the provision of psychosocial support services.

Te Puni Kokiri will assist with establishing links to Iwi and Māori Providers and providing advice about the most appropriate cultural responses to support Māori affected by an emergency.

Pasifika groups – The Pasifika Trust has a partnership arrangement with Te Whatu Ora to provide assistance with establishing links and providing advice about the most appropriate cultural responses to support Pasifika groups affected by an emergency.

Other ethnic groups – The Psychosocial support team will explore options to gain representation from other ethnic groups in the community (as part of a stakeholder engagement strategy) to ensure that their needs are met.

## 4.4 Whānau wellbeing

Family and whānau play an important role in psychosocial recovery and in building resilience. While this document uses ‘family and whānau’ to mean all aspects of this important part of the psychosocial context, research suggests that whānau resilience has a uniquely Māori interpretation.

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The research explored the capacity of whānau to overcome adversity, flourish and enjoy better health and wellbeing. Despite external factors, internal dynamics and financial pressures that can limit capacity, whānau demonstrated they were able to respond to these challenges, make use of limited resources, and react in positive and innovative ways (Waiti and Kingi 2014). The authors suggest a framework consisting of four resilience themes:

- a. whanaungatanga factors (networks and relationships)
- b. pūkenga factors (abilities and skills)
- c. tikanga factors (meanings, values and beliefs)
- d. tuakiri-ā-iwi factors (secure cultural identity).

#### 4.5 Hazards and Risk

An understanding of hazards and the impact on communities is critical for welfare and psychosocial planning. The [Northland CDEM Plan \(2021-2026\)](#) describes a range of hazard scenarios, the likelihood and consequences of each hazard and an overall risk rating. The top five ranking hazards for Te Tai Tokerau/Northland are:

1. Localised heavy rain/flooding
2. Severe widespread storm
3. Human pandemic
4. Transport/Supply Chain Disruption
5. Cyber Attack

### 5. Psychosocial Framework

Te Whatu Ora – Health New Zealand Te Tai Tokerau (Te Whatu Ora) has the overall responsibility for the provision of psychosocial services to individuals, families/whānau and communities affected by an emergency.

#### 5.1 National Support

At the national level, the Ministry of Health is responsible for planning and coordinating the provision of psychosocial Support services under the direction of the National Controller (or National Recovery Manager during recovery).

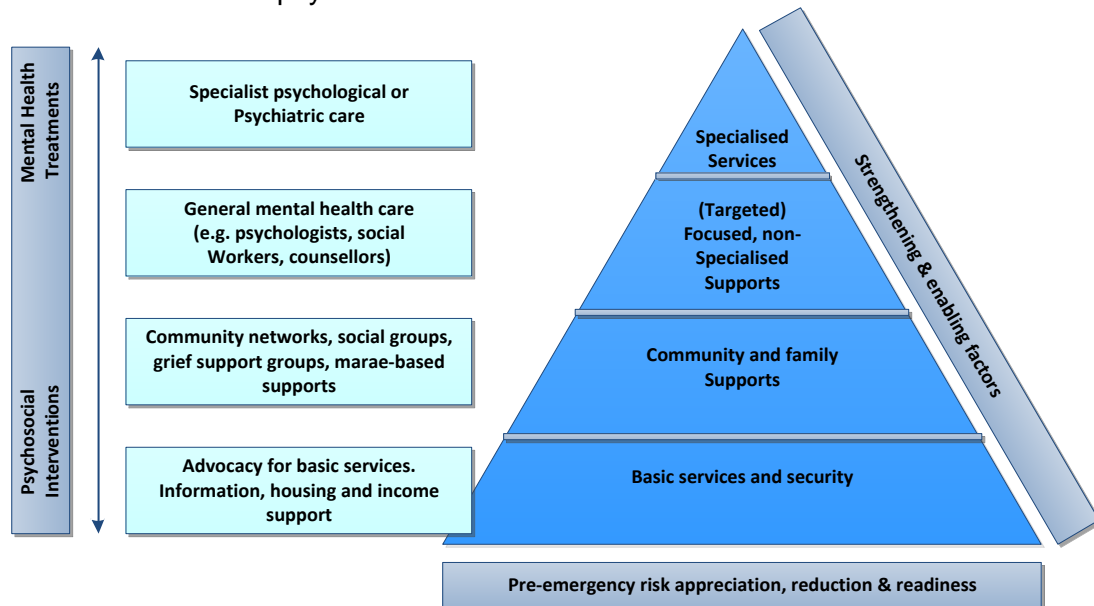
#### 5.2 Te Tai Tokerau/Northland Support

The Te Whatu Ora Psychosocial Support Group is made up of representatives from welfare agencies and the Te Tai Tokerau/Northland CDEM Group.

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Figure 2: Tiered model of psychosocial interventions and mental health treatments



### 5.3 Response Structure

The Coordinated Incident Management System (CIMS) is used to achieve effective coordinated incident management across responding agencies for all incidents regardless of hazard, size and complexity. There are seven functions under the CIMS structure and welfare is one of these functions with the welfare function including psychosocial support, works alongside, and is informed by other functions and under the direction of the Welfare lead.

#### Welfare sub-functions

Psychosocial Support is one of nine welfare sub-functions, i.e.:

• registration	• needs assessment	• inquiry
• care and protection services for children and young people	• psychosocial support	• household goods and services
• shelter and accommodation	• financial assistance	• animal welfare

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Figure 3: Welfare services sub-functions in the CIMS structure

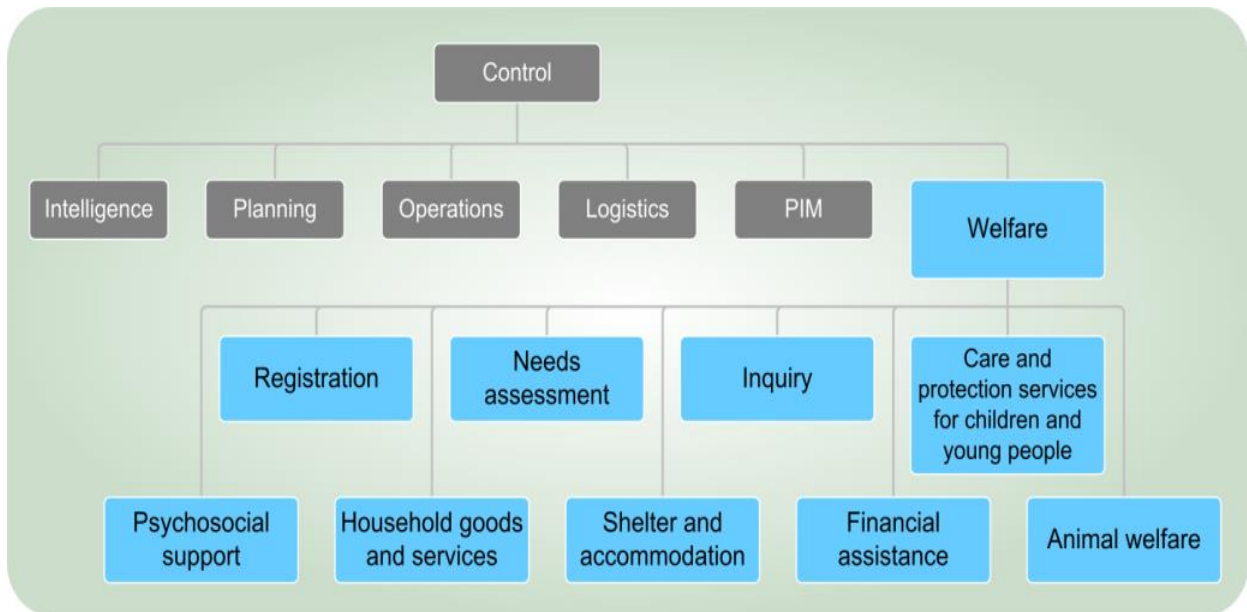
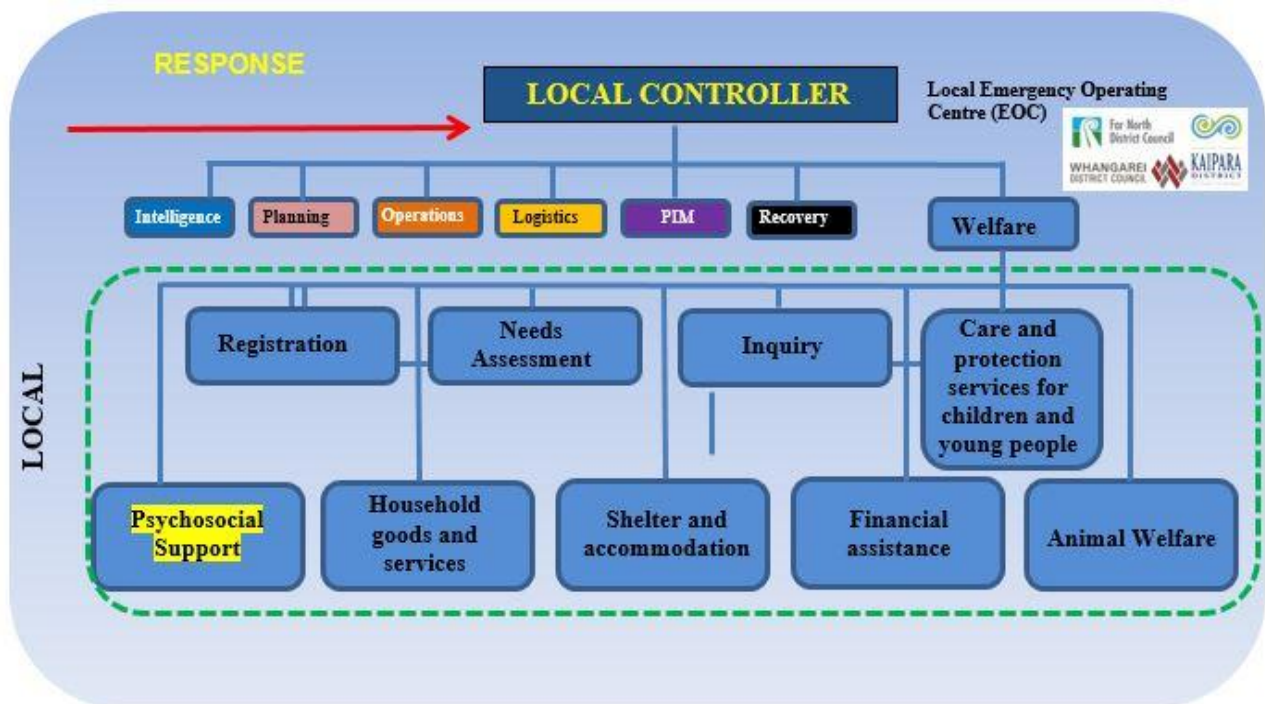


Figure 4: Te Tai Tokerau/Northland's welfare arrangements in response  
 Local Welfare Structure



\*Sub-functions are activated depending on the size, scale and consequences of emergency.

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## 6. Approach

### 6.1 Objectives and Principles

Provide coordination, leadership and sound advice across the four R's; Reduction, Readiness, Response and Recovery, focusing on the psychological and social interventions that will support community recovery during and after an emergency.

### 6.2 Guiding Principles

These principles are drawn from the evolving evidence based on the process of psychosocial recovery, and align with international best practice guidelines and the overarching principles in the National HEP.

- 6.2.1. **Do no harm:** No action, intervention or other service response should cause harm. Wherever possible, they should promote a sense of safety; self and community efficacy; empowerment; connectedness; calm and hope.
- 6.2.2. **Human rights and health equity:** Establish, maintain and develop psychosocial support interventions that are best able to meet the needs of patients/clients and their communities during and after an emergency, even when resources are limited. Promote the human rights of all affected people and make provisions for vulnerable people and hard-to-reach communities so that recovery actions do not create or increase inequalities.
- 6.2.3. **Community and stakeholder engagement:** In all actions, including those to plan and determine needs, actively gain maximum levels of participation from local, affected populations.
- 6.2.4. **Promote self-help:** In all actions, encourage individuals and communities to care for themselves and others and to seek further help. These actions should also help to restore people's agency and perceptions of themselves as effective individuals.
- 6.2.5. **Integrated all-agencies approach:** Develop and maintain effective, trusting relationships both in the health and disability sector and with community partners to develop and provide collaborative and coordinated psychosocial support interventions that are jointly owned by affected individuals, communities and the agencies involved.
- 6.2.6. **Multi-layered targeted support:** Develop and provide a layered system of adaptive psychosocial support interventions that are implemented together to meet the needs of different individuals and groups and that can be provided on a larger or smaller scale if needed. These should fully consider the unique, complex and dynamic nature of emergencies and of communities.
- 6.2.7. **Continuous improvement:** All agencies undertake continuous improvement, through ongoing monitoring and review and by translating lessons learned through research and experience into integrated, ethical policy, plans and services. Continuous improvement includes education and training, professional development, review, evaluation, ethical practice and community involvement.

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- 6.2.8. **Response and recovery workers:** Acknowledge both paid and volunteer workers and take steps to protect them from harm. This protection should cover the risk of both acute and cumulative impacts on their psychosocial and mental wellbeing.
- 6.2.9. **Psychosocial support is based on the following principles:**
- a. Most people will experience some psychosocial reaction, usually within a manageable range. Some may exhibit more extreme reactions in the short, medium or long term.
  - b. Most people will recover from an emergency with time and basic support.
  - c. There is a relationship between the psychosocial element of recovery and other elements of recovery.
  - d. Support in an emergency should be geared toward meeting basic needs.
  - e. A continuum from self-help to more intensive forms of support should be provided within a clear referral and assessment framework.
  - f. Those at high risk in an emergency can be identified and offered follow-up services provided by trained and approved community-level providers.
  - g. Outreach, screening and intervention programmes for trauma or related problems should conform to current professional practice and ethical standards.
  - h. Readiness activity is an important component in creating effective psychosocial recovery planning.
  - i. Co-operative relationships across agencies, sound planning and agreement on psychosocial response and recovery functions are vital.

### 6.3 Te Tai Tokerau/Northland Psychosocial Support Group Members

The Ministry of Health	Te Whatu Ora (Chair)
The Ministry of Education	Iwi/NGO partners
The Ministry for Primary Industries	PHO's
The Ministry of Social Development	Victim Support New Zealand
Te Puni Kokiri	The Salvation Army
Northland Civil Defence and Emergency Management	The Red Cross

#### 6.3.1. Meetings

The Psychosocial Support Group meets no less than biannually (or as required) to hear educational presentations, approve plans, participate in exercises and build relationships. Additional sessions may be held to workshop specific topics. All core members and supporting agencies are expected to attend meetings or send a representative that has equivalent decision-making authority. Meetings can be attended via TC or Zoom or face-to-face. Meetings will be minuted and available to members within a week of the meeting.

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### 6.3.2. Support Group Expectations

Psychosocial support group members should contribute across all areas of the four R's; Reduction, Readiness, Response and Recovery. During reduction and readiness, this consists of developing relationships, participating in planning, attending meetings, workshops, training and exercises. The group works with current members and identifies and approaches other welfare agencies, which could enhance its ability to support vulnerable communities. Participating agencies should send the same staff each time to the group's regular meetings. This ensures a long-term, consistent commitment to maintaining momentum, knowledge, and experience. The involvement of Iwi/Māori will be prioritised.

The decision to **activate** the psychosocial support plan will be by request from the Group or Local Welfare Manager to Te Whatu Ora Psychosocial Coordinator. The Psychosocial Coordinator will convene a teleconference or meeting of the group. Agencies should ensure that they have 24-hour capability to activate.

Support needs to be delivered in a **flexible** manner and may include some or all of the following:

- Via outreach (mobile services, teams door to door, or set up of a mobile facility)
- Via community-based organisations or facilities
- At a Civil Defence Centre (CDC) - established during response.
- Via existing agency offices, service centres or call centres
- By telephone or online via internet services, or by text message (as appropriate).

The mode of delivery of psychosocial services in an emergency will depend on a number of factors such as the size, scale, consequence, location (i.e. rural or urban communities, accessible or isolated places) and timeframe (i.e. immediate needs versus longer-term needs) of an emergency. Group members need to be prepared for a flexible approach in the delivery of services in an emergency.

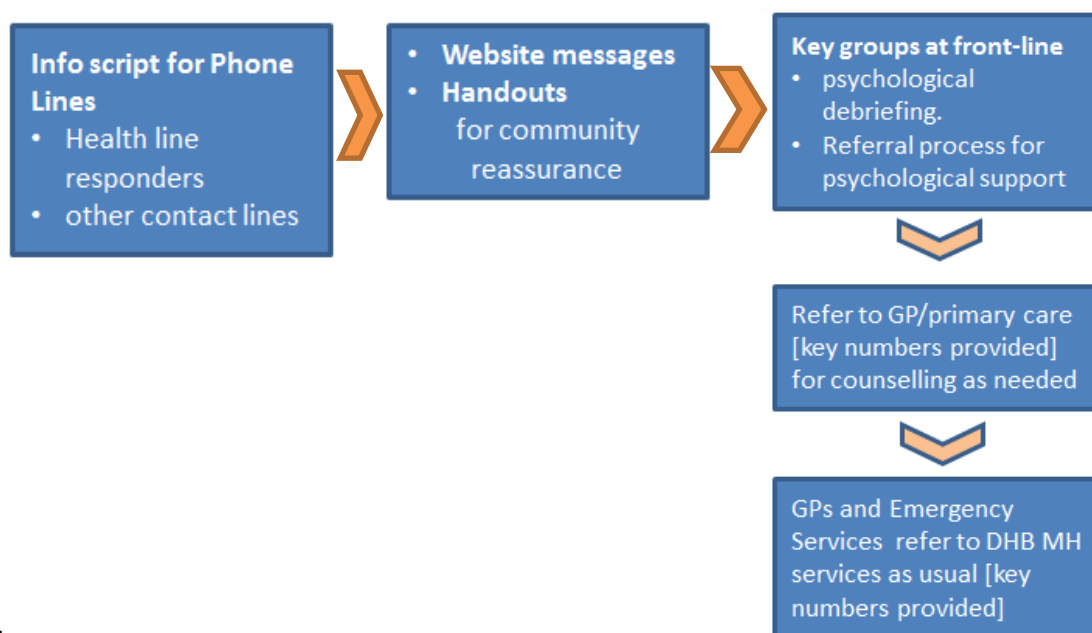
Any psychosocial response must be scalable whether it is regional or national in nature. A small event may be addressed as BAU by established agencies and call centre providers, a larger event will be assessed by Civil Defence to inform the psychosocial support group. Resources may be accessed nationally or internationally.

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## Process for Initial Psychosocial Response

First response to affected Northlanders will be the provision of information/resources by needs assessment teams and media (Telehealth Services).

Front line services will offer debriefing and onward referral for support as required. This will include referral to primary care and emergency services.



## Funding

Te Whatu Ora is not funded for psychosocial support functions. Support agencies are to meet costs in relation to meeting attendance and training of staff. In response situations where resourcing is required Te Whatu Ora may approach local or central government.

## Reporting

The Psychosocial Coordinator reports during **response** and **recovery** to the CDEM Welfare Lead, at other times reporting is to the WCG. For any major incidents, reporting will be done through HealthEMIS to the Ministry of Health. Progress on Psychosocial initiatives and planning will be reported at the WCG meetings.

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## Group Members and Capacity

Organisation	Readiness	Response	Recovery	Northland
<b>Ministry Of Health</b>	Coordination of National planning including funding and contracting of services. Chairing the National Psychosocial Support Committee.	Coordination of National planning including funding and contracting of services	Planning and coordinating provision of Psychosocial support through advising DHB's, Government Departments and NGO's of needs	Contacts: Jo Chiplin Interim Director Mental Health National Commissioning Te Whatu Ora
<b>Te Whatu Ora</b>	Develop and maintain CDEM Psychosocial Support plan in conjunction with CDEM and support agencies.	Planning and coordinating provision of Psychosocial support through advising government Departments and NGO's of needs	Planning and coordinating provision of Psychosocial support through advising government Departments and NGO's of needs	Coordinates Te Whatu Ora and support agencies in planning and responding to events. 4 main sites across Northland Contracts primary mental health services Access to secondary mental health services <u>Contacts:</u> Psychosocial Support Coordinator Te Ami Henare-Toka 021431383 Emergency Manager (alternate Coordinator) Sarah Hoyle - 027 201 3987
<b>Northland Civil Defence</b>	Coordination of regional planning			
<b>New Zealand Red Cross (National and Regional levels)</b>	Provide training and support for response teams (19 volunteer response teams with training in psychological first aid). Psychosocial recovery training available for individuals, agencies and communities working in recovery.	Participate in outreach assessments and psychosocial first aid, including referral for individuals needing further support as required. Provide psychosocial recovery public information sessions. Contribute to public messaging. Provide additional psychological first aid training as required.	Provide ongoing local community support as required.	Team 14 volunteers in WHG Team 35 staff in Auckland Nationally 500 trained staff Many are trained in Psychosocial First Aid Trained and equipped to be 'field' deployed in adverse conditions. Have a number of responsibilities in Welfare responses other than psychosocial. Will coordinate Psychosocial First Aid courses

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Organisation	Readiness	Response	Recovery	Northland
	Support for people bereaved in an emergency.			Has National and International capacity to respond. <u>Contacts:</u> Dale Ramshaw Emergency Management Officer <a href="mailto:Dale.Ramshaw@redcross.org.nz">Dale.Ramshaw@redcross.org.nz</a> 027 231 3458  Sarah Gribbon NZRC PSS Lead <a href="mailto:Sarah.gribbon@redcross.org.nz">Sarah.gribbon@redcross.org.nz</a> Ph 0275752075
<b>Victim Support (National and Regional levels)</b>	Maintain workforce training and capacity within regions. Volunteer workforce trained for immediate response, including referrals. Operating out of Welfare Centres; door-to-door operations and responding to self-referrals. Available VSW's dependent on where the Welfare Centre is situated	Provide immediate and/or ongoing support for victims as required. Provide crisis intervention and emotional and practical support and referral on to the appropriate agencies when required Assess the immediate needs for trained support workers to respond to the scene of an incident, or if the needs for victims are more relevant in the recovery phase.	Continue response activities throughout the recovery phase as required. Dependent on victim need and available resources.	Team 20+ trained volunteers in Northland. Generally tasked via Police Provide support and advocacy to those affected by trauma. Have referral pathways and access to/administer government funding if victims meet set criteria. Whangarei, Kaitia and Kaikohe offices. <u>Contacts:</u> Service Coordinator Maggie Gent – Mid/Far North Victim Support 027 656 5661 Service Coordinator Paea Lee – Whangarei/Kaipara Victim Support 027 614 0356 Area Manager Northland – Mandy Kahotea 027 474 3427
<b>Ministry for Primary Industries (National and Regional levels)</b>	Establish and maintain networks with key stakeholder groups to provide response as required, for example,	Activate National Adverse Events Committee (NAEC). Ensure regional and local rural networks are activated and operating under the coordination	Ongoing local support and participation in recovery through Rural Support Trusts, and other rural psychosocial support providers (e.g. Rural Women New Zealand).	Local monitoring, support, advice and participation through Rural Support Trust. Trust has access but not funding for rural trained psychosocial support provider networks. 13 advisors across Northland. Access to referral pathways.

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Organisation	Readiness	Response	Recovery	Northland
	contracts with Rural Support Trusts. Chair and coordinate the National Adverse Event Committee (NAEC).	of the psychosocial subgroup led by District Health Boards.	Establish Agricultural Recovery Facilitator(s) where necessary, to coordinate across rural agencies' activities on farms and with primary sector producers.	Excellent networks through the sector. <u>Contacts:</u> Adeel Surendran Animal Welfare <a href="mailto:Adeel.Surendran@mpi.govt.nz">Adeel.Surendran@mpi.govt.nz</a>  0800 787 254 or 0800RURALHELP (24/7) Rural Support Trust Rachelle O'Callaghan 027 538 6866
<b>Ministry of Education (National and Regional levels) and schools (local level)</b>	Ensure Traumatic Incident (TI) teams are in place. Train Traumatic Incident teams. Ensure schools have plans in place to respond to emergencies.	Deploy Traumatic Incident teams as necessary. Support schools and school communities.	Work with other agencies as required to support the recovery process.	Ensure Traumatic Incident (TI) teams are in place. Deploy Traumatic Incident teams as necessary. Traumatic Incident teams are deployed to support schools and school communities after trauma that affects them. Northland has trained staff and can access further staff from across NZ <u>Contacts:</u> Anne-Marie Kelly Business Support Manager 02108103461 Michal Salanoa Transport Contract Manager, School Transport 0272767264
<b>Ministry of Social Development (MSD) (National and Regional levels)</b>	Establish networks and maintain readiness Build capacity and capability through provider and community leadership development at a local level. Ensure networks in place with key stakeholder groups	To facilitate access to psychosocial support providers by providing information and resources to help individuals, families, whānau, and communities.	Continue response activities throughout the recovery phase as required, including transitioning recovery support processes into business as usual.	9 offices across Northland Can provide access/resourcing to counseling services via Oranga Tamariki and other avenues. Can assist with monitoring need during other interactions with affected communities. Plays a large role in limiting psychosocial impact by managing basic needs. Has responsibilities in other Welfare groups. <u>Contacts:</u>

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Organisation	Readiness	Response	Recovery	Northland
	to provide a response as required. Ensure Ministry of Social Development infrastructure, plans and processes are in place which can be implemented as required in an emergency situation.			Annika Taylor Annika Taylor Annika.Taylor026@msd.govt.nz 029 201 4152 Sarah Broughton, Manager Regional Services - <a href="mailto:Sarah.Broughton001@msd.govt.nz">Sarah.Broughton001@msd.govt.nz</a> 029 2753648 Graham MacPherson 029 200 5532
<b>PHO's</b>	Have clinicians with assessment skills referring to established psychosocial and psychological supports	Increased surveillance of clients accessing services ensuring appropriate support and referral.	Ongoing surveillance and referrals as appropriate. Provide ongoing local support as required.	Provide primary care including psychosocial assessments Have existing referral pathways for psychosocial and psychological assessments and treatments. <u>Contacts:</u> Mahitahi Hauora PHO Brett Smith Primary and Mental Health Triage Coordinator 0273262538 Cristina Ross 0272203776
<b>Māori Health Providers</b>				
<b>The Salvation Army (National and Regional levels)</b>	Maintain workforce training and capacity within regions. Volunteer workforce trained for immediate response, including referrals.	Provide support workers immediately. Internal support also available.	Support to be determined once consequences of the emergency have been assessed.	Local & Divisional Salvation Army personnel Meet & greet Counselling Pastoral Care <u>Contacts:</u> Nathan Holt (Auckland) 0221902070 Marlene Bowers (Whangarei) 021547829
<b>Te Puni Kokiri</b>	Maintain capacity within regions. Establish and maintain networks with key	Contribution as part of local response, particularly in terms of ensuring the needs of iwi, hapū	Ongoing participation in local recovery.	To provide: • links to iwi and Māori providers (which can give psychosocial support and work with government agencies, local authorities, and CDEM Groups to ensure that Māori and others are supported)

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Organisation	Readiness	Response	Recovery	Northland
	stakeholder groups, including local iwi, to support response as required.	and whānau are identified and met.		<ul style="list-style-type: none"> <li>• Advice on the most appropriate cultural responses to support Māori affected by an emergency.</li> </ul> Contacts: Elisa Kawiti - <a href="mailto:Elisa.Kawiti@tpk.govt.nz">Elisa.Kawiti@tpk.govt.nz</a> Sheryl Davis - <a href="mailto:sheryl.davis@tpk.govt.nz">sheryl.davis@tpk.govt.nz</a>
Oranga Tamariki				Contacts:  0508 326 459 Pamela Parkin 029 200 6121
Other appropriate agencies				<ul style="list-style-type: none"> <li>• Pastoral agencies</li> <li>• EAP providers</li> <li>• National Agencies</li> <li>• International Agencies</li> <li>• Secondary Care Services</li> </ul> Te Mana Oranga Reg Peterson – 027 556 632 3  Fale Pasifika <ul style="list-style-type: none"> <li>• Johnny Kunitau - 021464989</li> <li>• Arataki Ministries Pip Rea - 021939231</li> </ul> Emerge Aotearoa Caroline Daniels – <a href="mailto:caroline.daniels@emergeaotearoa.org.nz">caroline.daniels@emergeaotearoa.org.nz</a>

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**7. Appendices**

**Appendix 1 – Terms of Reference – Te Tai Tokerau/Northland Psychosocial Subgroup**

**Vision**

Provide coordination, leadership and sound advice across the 4 Rs, of emergency management: Reduction, Readiness, Response and Recover, focusing on the psychological and social interventions that will support community recovery during and after an emergency.

**Purpose**

The purpose of the Psychosocial Subgroup is to facilitate the coordination, leadership and advice to supporting agencies and the greater national Civil Defence and Emergency Management (CDEM) sector in support of the CDEM Plan Order 2015 by:

- providing established and practical, advice to the DHB and the Welfare Coordinating Group around aspects of psychosocial recovery for individuals and our communities
- enhancing the capability and capacity of the health sector (and support agencies) to plan for and respond to emergencies and the related psychosocial impacts resultant from these emergencies.
- ensuring plans and practices for the psychosocial recovery of individuals and communities are aligned to CDEM National Plan Order 2015

**Objectives**

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

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**Membership**

Te Whatu Ora Psychosocial Coordinator will Chair the Psychosocial Subgroup. The subgroup consists of members who have been identified through the National Civil Defence and Emergency Management Plan Order 2015.

Membership of the Group includes, as a minimum, representatives from:

The Ministry of Health	Te Whatu Ora (Chair)
The Ministry of Education	Iwi/ NGO partners
The Ministry for Primary Industries	PHO's
The Ministry of Social Development	Victim Support New Zealand
Te Puni Kōkiri	The Salvation Army
Northland Civil Defence and Emergency Management	The Red Cross

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

**Accountability**

The Psychosocial Subgroup is accountable to the Welfare Co-ordination Group of Civil Defence and the respective organisations and agencies they represent. The Group is established by and accountable to the WCG through the authority of the National Civil Defence and Emergency Management Plan Order 2015 and is expected to:

- provide timely advice to the Local WCG and CDEM Sector
- respond to requests for information and advice within a reasonable time frame

**The Psychosocial Coordinator undertakes to:**

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

**Meetings**

The Psychosocial Support Group meets no less than biannually (or as required) to hear educational presentations, approve plans, participate in exercises and build relationships. Additional sessions may be held to workshop specific topics.

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All core members and supporting agencies are expected to attend meetings or send a representative that has equivalent decision-making authority. Meetings can be attended via TC or Zoom or face-to-face. Meetings will be minuted and available to members within a week of the meeting.

### Secretariat Support

Te Whatu Ora will provide administrative support to the Subgroup and working groups including Secretariat assistance.

### Remuneration

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

### Conflict of Interest

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

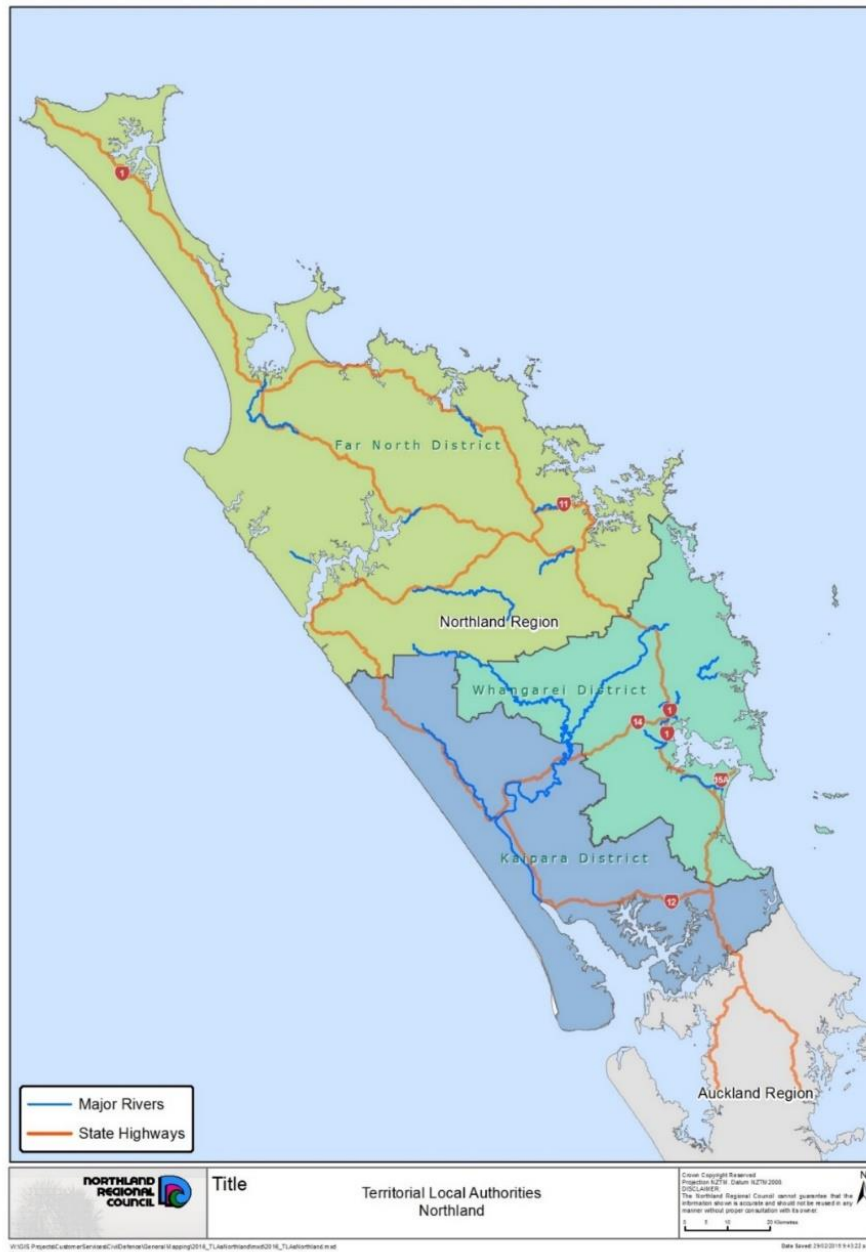
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**Appendix 2: ACRONYMS USED**

<b>CDEM</b>	Civil Defence & Emergency Management
<b>CIMS</b>	Coordinated Incident Management System
<b>MOC OT</b>	Ministry of Children Oranga Tamariki
<b>EOC</b>	Emergency Operating Centre(s)
<b>EOP</b>	Emergency Operations Procedures
<b>GECC</b>	Group Emergency Coordination Centre
<b>GEMO</b>	Group Emergency Management Office
<b>LWC</b>	Local Welfare Committee
<b>Northland DHB</b>	Northland District Health Board
<b>NWCG</b>	National Welfare Coordination Group
<b>MBIE</b>	Ministry for Business, Innovation and Employment
<b>MoH</b>	Ministry of Health
<b>MCDEM</b>	Ministry of Civil Defence & Emergency Management
<b>MPI</b>	Ministry of Primary Industry
<b>MSD</b>	Ministry of Social Development
<b>WCG</b>	Welfare Coordination Group

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### Appendix 3: REGION MAP



### Appendix 4:

Hauora Kotahitanga - wellbeing directory <https://www.northlandwellbeing.org.nz/>

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