LONG TERM PLANNING FOR RECOVERY AFTER DISASTERS: ENSURING HEALTH IN ALL POLICIES (HiAP)

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INFORMATION SHEET 7
Social cohesion and resilience

What is the aim of this series of documents?

This document aims to show what can be learnt from previous disasters about the impact of decisions and actions taken that have affected people's wellbeing during the recovery period.

The document is written from a public health perspective but draws from the **literature of many disciplines.**

The key challenge and aim is to gain a place in the recovery planning effort and ensure that health and wellbeing is recognised as a key factor to be considered in all decisions and actions, rather taking a narrow view of "health" as being limited to health protection and disease control functions, vital though they are.

It aims to show that recovery takes place in several phases, from immediate response to long term rebuilding, with transitional phases in between. These phases overlap and the stages of recovery may be of longer or shorter duration for particular groups of people within the affected area.

It highlights that there is always tension between acting speedily and taking time to plan well. Pre-disaster planning is the best means of avoiding short term decisions that create or exacerbate long term problems.

Why is the HIAP approach so relevant?

Health in All Policies (HiAP) is an approach which emphasises the fact that health and wellbeing are largely influenced by measures that are managed by government sectors other than health. HiAP seeks to highlight the connections and interactions between health and other sectors. The health sector's role is to support other sectors to achieve their goals in a way which also improves health and wellbeing.

What about social cohesion and resilience?

Social capital is defined as the connections and relationships among and between individuals and communities. It includes trust within networks of family and friends and the reciprocal exchange of benefits through access to networks of contacts, resources, skills, influence, reassurance and mutual support.

Extended family and community networks are known to buffer the effects of stress (Currie and Stanley 2008) and are the major source of assistance in time of disaster (Quarantelli 1999). In a study of people affected by Hurricane Andrew, for example, about three quarters of families had local kinship networks that played a major role in the ability to recover (Morrow 1999).

Those who do not have these networks are likely to be more vulnerable, particularly those in new communities where people do not know one another well, recent immigrants, transient people, and tourists.

Rental accommodation - People living in rental accommodation may also be more vulnerable as they are likely to have less control over their surroundings and to be less invested in their community. One of the social factors in any disaster, which is "important but virtually ignored" (Morrow 1999, p.6) is the number of healthy, resourceful adults available in a household.

Having an adult household member available during the day to forage for supplies, wait in queues to apply for assistance, meet with damage assessors, contractors, and insurers has enormous advantages compared to, for example, an elderly person living alone, or a lone parent with small children to care for.

Family networks and wider community connections - Outside family networks, wider community connections are also an important source of support in a disaster and its aftermath (Chang 2010; Morrow 1999; Patterson et al. 2010; Jacob 2008). One of the lessons from Hurricane Katrina was the role of community-based organisations and networks in all stages of the disaster.

Faith-based, volunteer, and non-governmental organisations showed more flexibility and adaptability than the official agencies as conditions developed and changed (Patterson et al. 2010). Under disaster conditions being in familiar surroundings tends to decrease fear and distress, whereas being separated from loved ones and familiar places has been found to be a greater stressor than the physical danger itself (Jacob 2008, p.563).

Familiar surroundings - Rather than triggering social breakdown, it appears that solidarity and camaraderie increase when people are able to remain in familiar surroundings and with people to whom they are attached (Jacob 2008). A study of community reaction to serious flooding in Carlisle in England which caused hundreds of homes to be uninhabitable and created widespread distress, found that community attachment had been further strengthened by the disaster, and residents were keen to participate in efforts to repair their town and assist the recovery (Chang 2010).

Community - The role of community in disaster response is an important one and can often swing into action immediately. Patterson et al (2010) describes the help and support provided by the Vietnamese community in New Orleans and an interdenominational group of churches in Baton Rouge immediately after Hurricane Katrina, for example.

Community groups / official agencies tension - In spite of community networks being recognised as a factor in supporting people during a disaster, the relationship between official agencies and community groups is often uneasy, with groups wary of having their independence and autonomy undermined by official agencies, particularly if they accept government funding or reimbursement of expenses.

It appears to depend on multiple factors that will differ according to the particular community, the exact nature and extent of the disaster, and how much previous preparation and planning for possible disasters has been undertaken.

There is also a potentially negative side to community solidarity if it provides a false sense of reassurance which encourages people to remain in vulnerable areas when they should leave, or allows influential community groups to gain resources and information for themselves at the expense of others (Patterson et al. 2010, p. 139).

HIAP messages:

- "Health begins where we live, learn, work, and play"

- Health starts – "long before illness – in our homes, schools and jobs"

- Health in All Policies (HiAP) is an approach that acknowledges the causes of health and wellbeing lie outside the health sector and are socially and economically formed.

- HiAP highlights the connections and interactions between health and other sectors and how they contribute to better health outcomes.

- Health Impact Assessment (HIA) is a tool to meet HiAP goals.

References

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