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 than a narrow view of “health” 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.

Community participation in planning for recovery

Citizen group activism and commitment to the wider city are key elements of resiliency that assist recovery of individuals and communities (Nelson 2007, p.46).

After Hurricane Andrew in Florida, local activism combined with organisational support and financial assistance from government and non-government agencies was found to have been an effective means of developing and implementing recovery initiatives. These not only restored damage but built disaster resistant communities by addressing the root causes of community vulnerability (Morrow 1999, p.11).

Nelson (2007), in the study of planning after Hurricane Katrina recommended that official agencies should anticipate and encourage activism by residents and should work with it rather than against it, but emphasised that community groups cannot work alone and that one official agency is needed to take overall responsibility for planning and leading the recovery, finalising policy, and taking hard decisions when necessary, even though they may be unpopular with some segments of the population (Nelson 2007, p.46).

Community members do not necessarily speak with one voice in their vision for recovery and planners may be caught between contrasting philosophies. Some people will want to return to pre-disaster conditions while others will want to use the opportunity to pursue new goals. Other barriers are the raising of community expectations which cannot be fulfilled, or long delays in action and implementation, leading to frustration among residents (Pearce 2003, p. 218).
Although it is now accepted, at least in principle, that the public should participate in community planning after a disaster (Pearce 2003 p. 219), in practice official agencies and grassroots community groups appear to consistently have difficulties working together successfully. “Traditional and emergent procedures do not always mesh well” and trained organisational workers interacting with volunteers “almost always proves troublesome” (Quarantelli 1999, p. 8).

Following Hurricane Katrina, there was a high level of distrust of and resistance to government and experts. Many residents felt that they had to protect themselves from the planners and decision makers. Along with the physical damage and displacement from the disaster, residents felt that they had lost control over where they could live, lost their tightly knit neighbourhoods of families and friends, and feared that the political decisions would serve developers and wealthy residents ahead of poor neighbourhoods (Nelson 2007, p.38, 45).

Long delays in being able to re-enter damaged neighbourhoods to gain access to their properties and portrayal by the media of areas being unsalvageable and a liability to the recovery exacerbated the distress for residents of the worst hit areas. Many who were anxious to return to their communities stayed away because of the uncertainty about the availability of services and whether there would be adequate law enforcement (Green 2007).

An interesting aspect of the Napier earthquake from a modern point of view was the immediate citizen response which took place in the absence of a Civil Defence organisation. Citizen groups appear to have achieved a great deal in a short period and perhaps avoided the conflict that can result between community-driven and official efforts (Hollis 2007). However, the fact that Civil Defence was set up as a result of the earthquake may suggest that the city (and the nation) recognised the need for such an organisation to take over in times of disaster.

The American Planning Association guidance (2005) recommends establishing a recovery task force. They provide examples of the composition of four existing recovery task forces in Florida and Los Angeles, mostly composed of government and emergency organisations (p.50). The guide notes that in addition there is a “…need to include in some way all those who must be heard to ensure the plan’s successful implementation.” (p.52), including representatives from major social service agencies, as well as “…private citizens, whether as individuals or representatives of civic or neighbourhood organisations, [which] is critical in enhancing the quality and breadth of input into decision making…” (p.49).

The participatory planning guide developed for India (Environmental Planning Collective 2004) is targeted at village communities in a developing country, rather than a large, developed city, but nonetheless has relevant advice on the steps that should be taken in any participatory planning process.

The guidance covers the process from the starting point, through committee formation, identification of stakeholders, creating community vision, developing a plan and presenting it for discussion and feedback, to adoption and implementation of the recovery plan (pp. 9-12).

The document has useful advice about ensuring that equity principles are adhered to, and that all interests are represented and have mechanisms for “policy dialogue” at the local level that then feed into higher level decision making. It should be kept in mind, however, that this advice was developed for a very different geographical, economic, and political context and the more detailed recommendations are likely to be of limited generalisability.

An interesting general discussion of community participation in housing reconstruction after disasters is given by Davidson et al (2007). Their discussion is worth reading in full (pages 101-102) as it covers the many ways “community participation” has been used and the many different ways both “community” and “participation” can be understood. They note that informing or consulting the community is often wrongly passed off as participation.

Turning to the context of housing reconstruction after a disaster, (the article is from Habitat International) they argue that
community participation needs to take place as a project by project intervention. They give contrasting approaches of success and failure in housing projects using four individual case studies from Colombia, El Salvador, and Turkey.

This study concluded that because the socio-politico-economic context must be considered, there can be no single optimum approach for community participation (p. 113) but “…the participation of users in decisions within the project design and planning phases including the capacity to make meaningful choices among a series of options offered to them leads to positive results” (p. 100).

While the examples may seem remote from Christchurch, they have relevant insights about where, when and how users can be involved, particularly in community-scale projects.

One interesting approach to community participation is described in an article by Reardon et al (2009) in which 90 urban planning students and faculty from three major universities outside the area, partnered with residents in a badly hit area of New Orleans post Katrina to create a “peoples’ plan” for an area which officials had written off as not worth rebuilding or renewing basic infrastructure and social services.

In spite of racial, class, and age barriers to overcome, the advocacy and partnership was ultimately successful in ensuring that equity and social justice concerns were heard, and that the city’s poor neighbourhoods had a strong voice in formulation of planning their recovery.

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.

References


Authorship and acknowledgements

This paper was researched and written by Susan Bidwell, Analyst, Community and Public Health (CPH). Thanks to Dr Anna Stevenson and Alison Bourn of CPH, Christchurch, New Zealand.

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