Guidance note: Pandemic recovery planning

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This document provides an overview of the psychosocial consequences of pandemic and outlines key considerations for COVID-19 recovery planning.

The impacts of the COVID-19 Pandemic have been nationwide, deep and profound. These impacts come on top of a country that experienced widespread bushfires and prolonged severe drought. Unlike bushfires, drought, floods and cyclones, there is no physical damage with COVID-19, and hence no obvious physical reminder of the disaster. The absence of a disaster "footprint" means that the impacts are largely hidden, in that they play out in the psychosocial and economic (particularly in the loss of shelter and livelihoods) domains. We refer to the psychosocial domain as the:

> *'dynamic relationship between the psychological and social dimension of a person, where each one influences the other. The psychological dimension includes internal, emotional and thought processes, feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices*[i]*'.*

Economic impacts have profound psychosocial implications for individuals, families and communities and exacerbate pre-existing social problems. Psychosocial and economic impacts will occur across the individual, family, local/neighbourhood, and societal levels. Like all disasters, pandemic impacts are not distributed evenly across society, with some groups[ii] and locations[iii] more disadvantaged and impacted by the pandemic.

The psychosocial consequences of COVID-19

Understanding the consequences of disaster impact is critical to recovery planning. The below provides an overview of the expected psychosocial consequences of the the COVID-19 pandemic. This overview is limited by our current knowledge and experiences of the pandemic. It is likely that unforeseen consequences of pandemic containment strategies and recovery strategies will occur. Continual learning and improvement is crucial in recovery planning and implementation.

Sources of impact
The pandemic has a number of elements that can impact on an individual's psychosocial wellbeing, these include:

- fear of contracting the disease
- experiencing loss of a loved one
- a long term physical recovery from the disease.

Additionally, the impacts of the measures taken to reduce the spread of the disease also have a psychosocial dimension, including the strict physical distancing measures that closed workplaces and public places, and forced people to stay home for all but the most essential of activities.

These measures have:

- both promoted or exacerbated social isolation
- have caused rapid unemployment (with its attendant health and wellbeing risks)[iv]
- placed women and children at risk of harm[v], unable to escape perpetrators of domestic violence
- put in place economic support mechanisms that have excluded some sections of society (e.g. performing arts workers and people on temporary visas) and created fears on how to meet basics needs and shelter from those excluded from support

- fear and uncertainty about one's future for people on temporary visas
- prevented people from being able to be with dying or seriously ill family and friends
- and also instilled a sense of fear about re-engagement with the broader community[vi]
- disrupted education for children and young people, with a particular impact on, early education, the children for whom school is a safe place, late high school and university education[vii].

Some groups in the community have also experienced stigmatisation[viii], particularly those of Asian/Chinese heritage[ix] temporary visa holders, and health care workers[x]. Aboriginal and Torres Strait Islander communities[xixii] and migrants[xiii] are disproportionally impacted by COVID-19.

What also distinguishes the pandemic from other disasters, however, is the society wide ramifications. Sustained impacts, over a long period, with no clear end may have increased impacts for some. The lack of clarity over the length of time that the restrictions would be in place, and hence not being able to make plans for the future beyond days, may have increased people's sense of powerlessness over time.

Positive impacts have also been the apparent strengthening of community ties and deepening of bonding and bridging social capital to support each other and people more at risk[xiv]. Also positive has been people's willingness to implement and abide by the restrictions placed on their personal freedoms for a collective, overall public good[xv].

Mental health impacts

Evidence from previous epidemics suggests that the mental health impacts, particularly those resulting from quarantine measures, are significant both during and after the crisis. One study suggested that in the 2008 equine influenza outbreak in Queensland, approximately 34% of horse owners quarantined for several weeks reported high psychological distress during the outbreak[xvi]. This was compared with around 12% in the Australian general population[xvii]. A study comparing post-traumatic stress symptoms in parents and children quarantined with those not quarantined found that mean post-traumatic stress scores were four times higher in children who had been quarantined than in those who were not quarantined. 28% of parents quarantined in this study reported sufficient symptoms to warrant a diagnosis of a trauma-related mental health disorder, compared with 6% of parents who were not quarantined[xviii].

After being quarantined during the epidemic of sudden acute respiratory syndrome (SARS), individuals who were quarantined or had relatives who contracted SARS were 2 to 3 times more likely to report high levels of posttraumatic stress disorder (PTSD) symptoms than the rest of the population[xix]. In addition, in the SARS outbreak, patients who had recovered from SARS also reported anxiety and fear. Other psychological effects reported included insomnia, depression and the inability to rid themselves of their memories of fighting SARS[xx]. Family members of SARS patients also reported psychological problems including depression, fear of stigmatisation, difficulties sleeping and embarrassment of being a member of a 'SARS family". For months following quarantine for SARS in both China and Canada, members of the isolated population still practiced avoidance of crowds and vigilant hand washing, in addition to delays in returns to normalcy more broadly.[xxi]

Quarantines that last 10 days or longer may result in an increased chance that people show symptoms of PTSD in the weeks and months after quarantines ceased[xxii]. The impacts are even greater among quarantined healthcare workers, and for 3 years after the SARS epidemic, healthcare workers were significantly more likely to experience dependency on alcohol or substance abuse than the general population affected by SARS[xxiii].

Red Cross' experience in supporting people in a mandatory 14-day quarantine found:

- People expressed feelings of anxiety, anger, distress, frustration and boredom.
- Pre-existing vulnerabilities exacerbated.
- Complaints about poor quality/quantity of food, lack of fresh air and exercise.
- Lack of space for families.
- Problems with hygiene (e.g. some people not getting access to cleaning products etc).

- Confusion and fears around what happens next regarding quarantine discharge, onward travel, fees, fears around finance. Many people saying they didn't understand the instructions on arrival at the airport and that it was all quite overwhelming (especially difficult for solo travellers with no companion to help them remember what was said).
- Fears around jobs/income the most common.
- A lot of concern around a second wave and continuing lockdown measures.
- Many unaware of available support and items such as SIM cards, nicotine patches etc available from hotel reception.
- A group of people reported doing really badly, with deep social disconnection and depression.
- People overwhelmed by numerous calls from different services. Those who live alone (and elderly) are particularly vulnerable.
- Some appreciation for government and hotel support. Some shows of solidarity between people in hotel isolation (facebook group, online yoga classes run by someone in hotel, 6pm drinks on hotel balconies in QLD).
- Some people coping fine, able to work remotely and fill their time doing other things.
- Red Cross PFA volunteers called 75 former PFA clients and asked them how they are doing since leaving hotel isolation. Of the 73 who provided an answer 84% said 'good' to 'excellent', with 52% of these in the 'excellent' category and 30% 'good'. Only 1% said terrible, 4% poor, and 11% okay. All of the former clients who identified themselves as 'poor' or 'terrible' live alone, highlighting the potential increased vulnerability of this group.

Economic stresses

The economic impacts of the pandemic, through underemployment, loss of employment and the failure of small and mediums size businesses has significant psychosocial implications. Consequences include:

- elevated suicide risk
- greater mental health impacts
- stigmatisation

There are generally increases in suicide in recessions[xxiv]. As an example, suicide rates rose 22% in Australia during the Global Financial Crisis[xxv]. Economic stimulus packages are currently scheduled to cease in September, as are other private sector measures of support, such as eviction notice and mortgage holidays. [xxvi] The loss of employment has impacts on standards of living, social contacts, and fears of stigmatisation[xxvii].

Unemployment's mental health impact is larger in the 30 to 55 age range than it is for younger adults. This is the key cohort for both child rearing and caring for elderly parents, which can reduce capacity for parenting and caring for at risk family members. Unemployment has a greater effect on the mental health of men than women[xxviii]. Psychological distress was greater for those just unemployed or inactive than for those who had been unemployed or inactive for over two years. However, in Australia, long-term unemployment worsened mental health for males.[xxix] During the pandemic, there has been a significant gender difference in employment impacts, with women being more impacted by job loss[xxx], as well as shouldering more of the home schooling and caring responsibilities[xxxi].

Family violence

With the strict physical distancing measures, increased unemployment, and absence of recreational outlets such as organised sport, family violence has increased. The loss of power and control has been exacerbated in perpetrators of family violence[xxxii,xxxiii]. The demand for services for both women and men has also increased[xxxiv]. Restricted movements have meant that victims of family violence, mostly women and children, have had to spend more time in close confines with the perpetrator. Aside from the physical safety aspects, family violence also has mental health impacts, and significant negative short and long-term impacts on children's development. Women experiencing family violence after the Black Saturday Bushfires were also more likely to be suffering from PTSD.[xxxv]

Another impact of COVID for women and children's safety has been that they are not able to access their places of safety that they would have previously, i.e. for children school is a time limited protective factor. COVID-19 restrictions not only put perpetrators in close confines but have also restricted access for children and women to safety. Pandemic management measures have also restricted the services that would have been supporting at risk children. Children have become less visible and for those already at-risk there has been a significant increase in their risk of harm.

Loneliness/social connection

The COVID-19 has fundamentally challenged how communities operate[xxxvi] and how individuals interact with each other and in their community[xxxvii]. Workplaces have changed dramatically, with people demonstrating that many roles can be performed from home, without apparent loss of productivity. Commuting patterns have changed, with a greater uptake of cycling and walking, and a collapse in the use of public transport[xxxviii]. Central Business Districts, once vibrant, are ghost towns, whereas suburbs, quiet during the day, are now vibrant. These changes have brought uncertainty and apprehension surrounding how to imagine a future going forward. The continued presence of the SARS-CoV-2 virus also challenges how people engage with their community. This is evidenced through continued fear of the risk of contracting it and an adjustment to a much slower pace of life. People seek guidance on how to reengage, and how to imagine their future or futures.

Recovery from pandemic

Recovery activities start at the same time as response. One of the challenges recovery planners will face is that we will continue to be in "response phase" for some time. This means that as the pandemic continues we will be attempting to map out a path for recovery in an environment of high uncertainty and potential future outbreaks. Parallels may be drawn with communities under extended threat from campaign bushfires (i.e. northern New South Wales from September 2019, and the Alpine region of Victoria in 2003) where people are experience constant threat.

Recovery from pandemic, like any emergency, is long, complex, dynamic and multidimensional[xxxix]. The key to recovery, though, is to focus on managing the consequences[xl]. The recovery system recognises psychological, economic and social impacts and the increased risk factors for people with pre-exisiting vulnerabilities. Of particular concern is the exacerbation of existing patterns of family violence and the exclusion of people from Aboriginal and Torres Strait Islander communities and people with physical or mental health conditions or intellectual disabilities from the recovery system.

Useful tools for recovery managers

Existing tools available to recovery managers, such as the National Principles for Recovery[xli], Community Recovery Handbook[xlii] and Communicating in Recovery guide[xliii] can all be contextualised for the current environment.

Further, framing recovery planning using a Recovery Capitals approach[xliv] may be a useful model for recovery practioners. The seven Recovery Capitals (human, social, economic, political, natural, cultural, built) under development by the University of Melbourne, Massey University and Australian Red Cross aim to recognises the intersection of different issues involved in recovery. Capitals are generally understood to be assets or resources that can generate additional resources. Capitals frameworks can therefore be useful in understanding how different factors relate to each other, and how resources can be drawn upon to achieve desired outcomes.

There are also a range of practice guidance notes as well; *Remote Casework in the contxt of COVID 19*, *Child Protection in the Context of COVID19*, *and Safeguarding Vulnerable People in the Context of COVID19* . These can all be found on Red Cross's COVID 19 Hub.

Planning for COVID-19 recovery

Recovery planning is generic. It focusses on the impacts and not necessarily the causes. There is good guidance, from the National Principles for Disaster Recovery, the Community Recovery Handbook, the Communicating and

Recovery guide, the Leading in Disaster Recovery handbook and the National Recovery Monitoring and Evaluation Framework. Key considerations for recovery planning aligned with the six National Principles for Disaster Recovery are outlined below.

Understand the context: *Successful recovery is based on an understanding of the community context, with each community having its own history, values and dynamics.*

When considering pandemic recovery planning it will be key to acknowledge that the COVID19 pandemic is not occuring in isolation. The shocks and stresses an individual, household or locality have experienced are important. There has been significant drought impacts in the eastern states, and parts of SA, WA and Tasmania. The 2019/2020 summer bushfires also had nationwide impact[xlv] and promoted existential challenges relating to climate change and eco-anxiety.[xlvi] Local, state and national emergency arrangements exist and can be applied to the pandemic context. These arrangements can be contextualised in order to meet the unique needs generated by the impacts of the pandemic.

Australia has not experienced a recession in 29 years, hence there is a generation that has not experienced economic uncertainty or unemployment, and most people have largely been in control of their employment decisions[xlvii]. The prevailing economic trends over the past decades have also led to a casualisation of the workforce[xlviii]. This has left many people at risk without coverage from sick leave or annual leave, or if they are employed for less than 12months, access to JobKeeper or other forms of income support.

Some areas will be more at risk to the economic impacts[xlix]; those areas of entrenched economic disadvantage, areas with a higher proportion of younger people, areas with higher proportions of people on temporary visas or casual work.

Recognise complexity**:** *Successful recovery is responsive to the complex and dynamic nature of both emergencies and the community.*

The impacts of the pandemic are not purely economic. A Recovery Capitals approach[l] helps clarify the dynamic interaction between the seven capitals of human, social, financial, natural, political, built and cultural. Each of these are interlinked, and this approach helps us understand that decisions taken, for example, in the economic capital domain may have an impact on the social capital domain. The preeminent issue in the COVID 19 Pandemic is the economic impacts, and their flow on human and social impacts, and subsequent costs. Learning from the drought situation may be instructive, where the manifestation of drought commences with a reduction in farming income, and then the flow on impacts are seen in a decline in health and wellbeing.

Conducting needs assessments across these seven domains will be essential. As the pandemic has shown to be an extremely dynamic situation needs assessment processes should be dynamic and repeated at regular intervals. This also recognises the complex interplay between continuing attempts to manage the spread of COVID19 and reopening the economy.

In order to ensure that no one is left behind, the application of a protection, gender and inclusion lens is critical. The Red Cross' Minimum Standards for Protection, Gender and Inclusion[li], with its Dignity, Access, Participation and Safety framework is an important resources to help assist both needs assessments as well as program planning.

Use community-led approaches**:** *Successful recovery is community-centred, responsive and flexible, engaging with community and supporting them to move forward*.

The key to this approach is ensuring that activities are people centred and demand driven[lii]. There will be pressure to put in place top down, infrastructure focused measures that may target a few industries. Speed should be balanced with need. Activities undertaken to support recovery should look to have a legacy, be it improved

disaster resilience, such as proposed by the Master Builders Association[liii], or community strengthening initiatives such as community-based risk reduction activities.

Local governments are, or should be, well versed in community consultation through the budget setting and strategic planning processes[liv]. These processes can be used to determine what the community feels is important for their recovery[lv]. Ensuring that local governments are provided with sufficient information to make informed decision is key to strong community engagement and creating an enabling environment for community led approaches. Consultation should be broad and inclusive. Women, children, persons with disabilities, Aboriginal and Torres Strait Islander peoples and marginalised groups are often excluded from decisions and activities in disaster response and recovery[lvi]. Effort should be made to ensure appropriate representation in community consultation.

Coordinate all activities: *Successful recovery requires a planned, coordinated and adaptive approach.*

Again, the application of a Recovery Capitals approach[lvii] will ensure that all appropriate players are at the table to ensure that all needs and impacts are considered and there are no unintended consequences. As the impacts are largely seen as economic, there will be pressure for only business or economic activity focused agencies be in the position to guide the recovery process. However, it is important that human service agencies are represented to ensure the voice of people are heard in these decisions. Applying the IFRC's Dignity Access Participation Safety[lviii] framework also helps identify groups or areas that require more attention.

Consideration must be given to including in coordination structures and processes non-traditional partners, who may be pathways to people impacted who are not linked into community services. These may include sporting groups, post offices, chemists, cafes, supermarkets among others.

Communicate effectively: *Successful recovery is built on effective communication between the affected community and other partners.*

Public information is a humanitarian intervention[lix]. Recovery communications refer to the practice of sending, gathering, managing and evaluating information in the recovery stage following an emergency[lx]. Well planned and well executed public information campaigns are vital to community recovery. Communications in recovery should go beyond merely sending information, to forming a dialogue with the community. Effective communications provide a basis for important social processes such as bonding between individuals, groups and communities. This is intrinsically linked with community led approaches. A community-led approach requires a two-way communication process between authorities holding power and funds, and the impacted community[lxi].

Recovery communications require care and sensitivity and can often be impeded by significant physical, logistical and psychosocial limitations. Successful recovery is built on effective communication. Recovery communications should[lxii]:

- Recognise that communication with a community should be two-way, and that input and feedback should be sought and considered over an extended time
- Ensure that information is accessible to audiences in diverse situations, addresses a variety of communication needs, and is provided through a range of media and channels
- Establish mechanisms for coordinated and consistent communication with all organisations and individuals
- Repeat key recovery messages because information is more likely to reach community members when they are receptive.

Using Hobfoll (2008) et al's[lxiii] five pillars for psychosocial support (Safety, Calm, Social Connection, Self-Efficacy and Hope) as a framework, we can provide psychosocial support at a population level to promote prosocial behaviours. This will support people to make sense of the situation and manage their stress, fears and anxieties.

Acknowledge and build capacity: *Successful recovery recognises, supports and builds on individual, community and organisational capacity and resilience.*

Significant capacity already exists in the community through local, organically formed community groups and networks. The four resilience capacities, wellbeing (physical and mental health), security (financial and physical safety), connection (to community and environment) and knowledge (access to information to make decisions) help to identify where people have capacity to manage disruption and where people need assistance, and what assistance might be needed. This lens picks up groups that may not fit into a list more traditional "at risk" groups, i.e. women facing family violence, international students etc. These capacities should form the basis of needs and capacities assessments to guide the recovery process.

Local government, agencies and business may not have experience in dealing with the complexities of recovery. Capacity can be enhanced through webinar-based training and briefing, in topics such as recovery basics, communicating in recovery, and psychological first aid. Consideration could be given to helping communities manage the psychosocial impacts of pandemic through offering Psychological First Aid and Mental Health First Aid training, as well as supporting access and participation in community planning processes and service provision.

Additional considerations

Measuring progress and impact
The National Recovery Monitoring and Evaluation Framework[lxiv] can be adapted and utilised to identify outcomes being sought, developing program logics, defining recovery and potential KPIs, with the economic and social outcomes most relevant.

Disaggregated data
The collection, analysis and use of sex, age and disability disaggregated data (and any other variables that are context specific) are key to being able to best target recovery efforts to those most in need and to recognise differentiated impact.

Resources

- Australian Government (2017): *National Principles for Disaster Recovery*
- Australian Government (2018) *National Recovery Monitoring and Evaluation Framework*
- Australian Red Cross (2014) *Communicating in Recovery*
- Australian Red Cross (2020) *Remote Casework in the contxt of COVID 19*,
- Australian Red Cross (2020) *Child Protection in the Context of COVID19*, *and*
- Australian Red Cross (2020) *Safeguarding Vulnerable People in the Context of COVID19*
- IFRC (2019) *Minimum Standards for Protection, Gender and Inclusion*
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