Applying a Community Capitals Framework to Disaster Recovery

Prof Lisa Gibbs
The University of Melbourne
ReCap aims to support wellbeing after disasters by aligning disaster recovery evidence with a framework of community capitals to guide development of recovery strategies adapted to community contexts.

This ReCap model is adapted from the Community Capitals Framework developed by Jan and Cornelia Flora, Iowa State University.
Mental health impacts from disaster exposure

Parents not working

Children not attending school

Social withdrawal

House rebuild progressing slowly

Holidays too hard
Mental health impacts from disaster exposure

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RECAP
recovery capitals

THE UNIVERSITY OF MELBOURNE

the power of humanity

AUSTRALIAN RED CROSS

MASSEY UNIVERSITY
TE KUNENA KA PŪREHUROA UNIVERSITY OF NEW ZEALAND
Core team

Prof Lisa Gibbs, Phoebe Quinn
University of Melbourne

Prof David Johnston, Dr Denise Blake, Emily Campbell
Massey University

Kate Brady & John Richardson
Australian Red Cross
Decision making
Evidence: Bushfires, earthquakes, rural, urban, Australia, New Zealand
Additional evidence: financial, cultural, political, international context
<table>
<thead>
<tr>
<th>Key evidence/message</th>
<th>Evidence type/strength</th>
<th>Complexity</th>
<th>What we don’t know/to explore further</th>
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</thead>
<tbody>
<tr>
<td>Social ties matter – but it’s complicated.</td>
<td>Cross-sectional social network analysis within cohort study.</td>
<td>Some differences in PTSD vs major depression results (Depression appears to co-occur in linked individuals, whereas PTSD risk is increased with social fragmentation). Findings complicated by whether connections were nominated by the focal individual, or whether they were nominated by others.</td>
<td>Cross-sectional analysis therefore causal direction of associations unknown. No subgroup analyses (individual or community level). Generalisability to urban settings, other communities (less culturally homogeneous), other disasters etc.</td>
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<td>People with fewer social connections had poorer mental health. (1)</td>
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<td>Poorer mental health was also associated with being connected to:</td>
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<tr>
<td>• People who were depressed</td>
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<td>• People who had left their community after the fires</td>
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<td>• People who had high property loss</td>
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<tr>
<td>• People with few connections (1)</td>
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<tr>
<td>People whose social connections were in turn connected to each other had better mental health. (1)</td>
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<td>People living alone are at greater risk of poor mental health outcomes 3 years after the event. This is offset by group involvement (unpublished Beyond Bushfires finding)</td>
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<td>Belonging to a local group is generally linked to better mental health outcomes:</td>
<td>Longitudinal cohort study (multilevel regression analysis).</td>
<td>individual vs community-level conflicts. Some differences in PTSD vs major depression results. Voluntary work has a financial contribution to communities, so this may also fit under ‘Financial capital’.</td>
<td>Generalisability to urban settings, other communities (less culturally homogeneous), other disasters etc. Does the kind of group and the frequency of participation matter? No subgroup analyses (individual or community level).</td>
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<td>For individuals, moderate involvement was most beneficial to mental health. Communities as a whole also benefit when involvement in voluntary groups is high. Together this suggest health benefits when group involvement is high and evenly spread throughout the community. (2)</td>
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END USERS & OTHER STAKEHOLDERS

Australian Red Cross; WREMO, NZ Red Cross, and FENZ; Department of Justice (Victoria & NSW);
Social Recovery Reference Group, Victorian Department of Health & Human Services; SA Department of Human Services; Phoenix Australia; State Emergency Service Victoria; Department of Home Affairs; Queensland Department of Communities, Disability Services and Seniors; Country Fire Authority; Emergency Management Victoria; Leadbeater Group; WA Department of Fire and Emergency Services; Resilient Melbourne; Regional Arts Victoria; Creative Recovery; Primary Industries & Regions SA; Inspector General for Emergency Management
What is your ‘go to’ resource?
What is your ‘go to’ resource?

Describe the features/format of that resource
Multi-level, multi format resources

• Simple  →  Detailed  →  Evidence base
• Online and hard copy formats
• Interactive component in the online resource if possible
• Different forms of engagement (e.g. at a glance messages, facts, stories, visual, audio)
• Socially inclusive
• Relevant across hazards and regions
Watch this space!
PROFESSOR LISA GIBBS

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