

# West Auckland Emergency Response Study

## Executive summary

Overall, organisations and individuals interviewed for this report felt that the West Auckland community response to the 2023 extreme weather events was swift, effective, caring, welcoming, and well-coordinated. Community responses utilised the existing long term deep networks and trusted connections between organisations and people, creating well-functioning systems of organisation and triage. It was the “spirit of the community” and “manaakitanga approach” that made their response so successful.

The response was not always easy or smooth, however, and there were multiple reasons for this: communication from official channels was often “unclear” and contradictory; organisation of official CDCs was at times chaotic; and support from official organisations was sometimes uncoordinated. Official agencies were frequently experienced as siloed and inflexible and community organisations sometimes felt disrespected. Most felt that the support they expected (and had experienced in previous natural disasters) was far less available to them and, as a consequence, local organisations were expected to do much more work than they had anticipated.

Report findings highlight a range of things that happened, and which can be done differently to respond more effectively, to assist recovery and to be better prepared in the future.

	<b>Reduction</b>	<b>Readiness</b>		<b>Response</b>	<b>Recovery</b>
<b>Central and local government</b>	<p>Maintenance of infrastructure (roads, drains, slips)</p> <p>Public communications to let people know who to contact and where to go in an emergency</p> <p>Map trusted organisations that information/ data can be shared with in an emergency</p> <p>Establish response system that overrides BAU so paperwork can be done later</p>	<p>Planning, training, certifications (eg food safety) and resourcing for locals in emergency management</p> <p>Make council buildings easier to access for emergency hubs</p> <p>Clear communication of AEM and council roles and ways of working</p> <p>Better systems for AEM and council to communicate information in an emergency</p>	<p>Establish systems to better share information before, during and after disasters</p> <p>Stocktake of what organisations exist and what their role can be in an emergency</p> <p>Agree response frameworks in advance, including roles and responsibilities. Revise and update these regularly</p> <p>Map impacts of floods and where services were provided in specific areas</p>	<p>Operate in more integrated ways, using local knowledge to guide the application of subject matter expertise</p> <p>Clear and timely communications through networks and official channels</p> <p>Better, secure emergency accommodation</p> <p>Council and AEM play a supportive overarching role that enables organisations to respond flexibly</p>	<p>Move people into long term housing as soon as possible</p> <p>Support people to fix flooding damage in their homes</p>
<b>Funders of community organisations</b>	<p>Make grants/funding systems simpler and easier to navigate</p>	<p>Flexible contracting and resourcing</p>	<p>Have supplies and equipment stored and ready</p> <p>Develop CDC plans including locations, how to transition people out of CDCs and CDC models more cognisant of diverse needs</p>	<p>Easy access to flexible funding</p>	<p>Implement funding models that allow organisations to get back what they have spent on response</p>

<p><b>Community organisations and groups</b></p>	<p>Set up emergency response local teams within and across organisation</p>	<p>Establish and resource emergency response teams inside organisations</p> <p>Create scenario plans and response policies</p> <p>Establish relationships with communities and whanau in flood-prone areas and connect them with key services.</p>		<p>Prioritise manaakitanga and holistic care and support.</p> <p>Activate networks and emergency response plans/policies.</p>	<p>Maintain relationships with whanau and communities impacted</p> <p>Compile and share learnings on response efforts</p>
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## Introduction

This study aims to better understand the overall social and personal impact on people's lives from two unprecedented extreme weather events in West Auckland in January and February 2023 by talking with people from local groups and organisations who were involved in the response and recovery efforts. The report provides findings from eleven conversations with 28 people from ten organisations/projects. The method is described in Appendix One.

## Background

In early 2023, the Anniversary Weekend Floods and Cyclone Gabrielle saw flooded houses and roads; saturated soil and slips; loss of electricity, telephone and internet communications, and water supply. Hundreds of people lost their homes, cars and personal possessions. Two emergency workers lost their lives and the potential was extremely high for more loss of life. Many were without critical services for long periods of time and services are still to be restored to everyone in November of the same year.

Across the west, Auckland Council Emergency Management<sup>1</sup> and Civil Defense followed the community response. A lot happened, some good things and some not. The scale of events and limited snapshots from the media has made it difficult to understand local West Auckland experiences and perspectives of events. This study documents narratives of the events and aftermath from the perspectives of a range of West Auckland organisations and agencies with a view to better understanding what happened. Findings will inform future preventative actions and support better systems and responses by community groups, organisations, agencies, Council and its family, and the central government.

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<sup>1</sup>Auckland Emergency Management (AEM) is part of Auckland Council and works in partnership with emergency services and other organisations to ensure effective coordination of civil defence and emergency management within its area in the immediate aftermath of Emergency situations. The Tāmaki Makaurau Recovery Office was established to coordinate the longer-term Auckland-wide repair and rebuild efforts on behalf of Auckland Council, central Government, and the community. Auckland Council as a whole is responsible for a variety of things including contracting community organisations to undertake Emergency Response work, funding community organisations, long term-planning and policy, and maintaining relationships with the community sector.

## Findings

This study documents the immediate response and medium-term recovery periods after the two extreme weather events as experienced by local people who were involved in the response. The study shares their suggestions for what can happen in the immediate and longer term to better mitigate risks and improve preparation for future events, as well as response and recovery from such events.

## What happened

Auckland Anniversary Weekend flooding on Friday 27 January 2023 was followed by high winds and heavy rain as Cyclone Gabrielle passed through Tāmaki Makaurau on 12 February 2023.

Participants had strong feelings about their experiences. Most were very clear that what happened during and after these weather events needs to be understood in the context of multiple societal challenges. Extended lockdown periods due to COVID19, changes in local government (including resourcing of Auckland Emergency Management), high costs of living, poor housing and mental health, food and work insecurities and reduced community funding as well as entrenched economic inequity, poverty, climate change and significant shifts in national and international politics are all layers of the 'polycrisis' that is the broader context.

The following table is a condensed, collective summary of what happened for those we spoke with. It focuses on both the common threads across all conversations and the aspects various groups and individuals emphasised as most impactful for them. It does not include every detail that happened to every person. Key roles are highlighted in **orange**. All participating organisations supported whānau in some way: Some hosted a CDC, supported the CDCs, or worked directly with whānau - looking after pets, charging devices and/or contributing to the categorisation processes.

January	February	March-April	May and later
<p><b>Friday 27th: Floods</b></p> <p>CHAOS! Panic &amp; “sheer shock” at the extent of flooding.</p> <p>“Some public were initially having fun in dinghies and on bikes in the water. Then it got much worse.”</p> <p>Rain became “full on” &amp; still no official warning of how bad it would be. Little official communication even after the flooding was “clearly serious”.</p> <p>“It was from our own experience &amp; social media, not council, that we were getting all of our information.”</p> <p>Self evacuation and communities helping each other. <b>Staff mobilised to assist communities.</b> Slow responses and poor coordination from CD and emergency services - overwhelmed.</p> <p>“Even when whānau were battered and down they still believed others were worse off &amp; helped others when struggling themselves.”</p>	<p><b>Sunday 12th: Cyclone Gabrielle</b></p> <p>“Stood up a team” &amp; spoke with people on the ground to find out what would be helpful as well as “greeting &amp; listening to stories”. Whānau first approach: manaakitanga.</p> <p>First WAIF meeting online 8 Feb. Led to a voluntary cross party organisation built by &amp; for community: kaupapa of urgent, fair, sustainable solutions with advocacy, community &amp; political roles (how do we work with those in power?) MPs critical in opening doors and finding solutions.</p> <p>Official information was difficult to find, “unclear” &amp; “sometimes contradictory” as well as “too much ‘wait and see’”.</p> <p>Trying to figure out roles - what were we responsible for, able to do, where would we be best placed etc. was difficult with little guidance from AEM/CD.</p> <p>Lack of information sharing and people having to share their information and story again, and again, and again.</p> <p>Used trusted existing networks, developed a strategy of work &amp; work plan – practical &amp; “backbone” for ‘now’, next 90 days and ‘later’ (next 12 months). Included 0800 number, website, door knocking, funding for marae, mobile law &amp; Vision West responses as well as triaging at CDCs for trauma &amp; wellbeing needs.</p>	<p>Huge workloads for community groups with staff &amp; volunteers working 10+ days without a break.</p> <p>Whānau were slow to reach out because, initially, they could support themselves (financially, emotionally). Some missed out on support they would have benefitted from. Criteria for accessing support wasn’t clear &amp; often there was too much “form filling” and not enough manaaki. <b>Took door knocking to reach people who have never asked for help before.</b></p> <p>Quadruple disasters taking their toll – housing crisis, cost of living, COVID 19 &amp; the floods. There are unseen loads on whānau hosting whānau too. As a result, material &amp; emotional needs are very high for many. Trauma upon trauma can mean a relatively little thing is what breaks a person.</p>	<p>WAIF began to have influence over policy - “we were around the table thanks to our connections with MPs from both major parties”</p> <p>Petitioning government for housing support roles to support whānau with locating housing &amp; flood resilience</p> <p>Flood waters have receded but those affected are likely to be for some time. Some people are “devastated”. Many have ‘rain anxiety’.</p> <p><b>Petitioned MSD for additional flood resilience &amp; counselling resource for next 3 months (intensive &amp; long term counselling, trauma care)</b></p> <p>Drafting flood reports to demonstrate and evaluate local responses for use</p>

January	February	March-April	May and later
<p>Worked areas of expertise &amp; joined with others we already work with.</p> <p>Lack of clarity from officials re their role &amp; how to work together as well as “the scale of the disaster”.</p> <p>Initial CDC lasted only a few days at St Leonards before moving to MPHS &amp; then to the stadium. People also stayed in Ranui Baptist hall.</p> <p>The stadium CDC was poorly organised, with people showing up only to find it had moved. Organising at St Leonards put a huge load on a small group of people (mostly from Kelston Community Hub). Unfair &amp; impossible to sustain.</p> <p>On the Friday, MPHS had the basics - tea, coffee, blankets &amp; became a CDC the day after at community request and because “people started turning up looking for accommodation”. First person stayed Saturday night.</p>	<p>“Huge demand” for clearer communications from trusted sources. Had to map slips etc on GIS ourselves so that information was out. Did a lot of work we thought would have been done for us by AEM/Council.</p> <p>High demand for food, furniture, transport &amp; appropriate housing as well as, counselling, accessing support entitlements &amp; insurance.</p> <p>Local organisations supported CDC staff &amp; volunteers – food, play equipment, running the kitchen, looking after volunteers on promise of being paid &amp;/or reimbursed later.</p> <p>Specific ‘flood relief’ group of local organisations started to meet. Shared useful information.</p> <p>Often “conflicting information” to local organisations from different parts of AEM &amp; between AEM &amp; locals.</p> <p>Difficult to know who was impacted as many didn't come forward until later.</p> <p>MPHS CDC was “brilliant” but both there &amp; at the previous CDC in Kelston there was “lots of pressure on local groups and no support or system of relief for local community workers”.</p> <p>Triage systems set up by MPHS. AEM was happy to hand over the reins because they were not coping and not doing a good job.</p>	<p>Resourcing for counselling makes it free to users. This is ongoing.</p> <p>MG replaced 10 vehicles at no cost.</p> <p>Emergency response pivoted to be more long term.</p> <p>NZ Red Cross became available for mental health &amp; wellbeing responses.</p> <p>Official comms “did not get any better” – unclear, not practical, of little help to those on the ground. Local groups didn't know who was responsible for what, or how to best fit together.</p> <p>Disconnection “between what Council &amp; government agencies said they could do and what they actually did”.</p> <p>Backbone support through Sport Waitakere &amp; WAT attracted \$50k extra funding. Many organisations pivoted</p>	<p>within organisations and to share publicly. Impacts were very different in different communities - some people are still not returned home, others are in unhealthy homes. Some are fixed, others not. Looting is real, so is the prospect of never returning. The housing categorisation process was “very long and drawn out”.</p> <p>When displaced, some elderly or disabled whānau were “lost to communities” - have not returned &amp; local supporters don't know where they are: “To this day we don't know how some of those families are doing”.</p> <p>People seeking assistance now may have been mostly unaffected at the time but now their land is slipping or their homes are slowly showing cracks from all the rain and they need help.</p>

January	February	March-April	May and later
<p>First people stayed at Ranui Baptist on Friday night. AEM tried to shut them down at 2-3am because they weren't an official CDC. People stayed for 3-4 weeks with little support from "major organisations" .</p> <p>Resources initially from people's homes and connections eg. marae.</p> <p>First thing at all CDCs was manaaki - everyone is welcome, shower, clothes, food etc. However, official organisations didn't operate this way, they were turning people away who didn't fit the box.</p> <p>Carmel Sepuloni, Phil Twyford, Eroni Clark, Sir Michael Jones were key community figures at this time and throughout February.</p>	<p>Local organisations eg Vision West, Kelston Community Hub, MPHS "pulled down barriers", helping other groups reach their communities.</p> <p>Agencies did "amazing" work but there was often multiple handling &amp; people who were already connected to WINZ etc were treated as though they were new to the system.</p> <p>Staff and volunteers at official organisations worked to shift &amp; didn't appreciate the need to be flexible nor the difficulties of keeping everyone in a CDC safe &amp; well 24/7.</p> <p>So many donations! Local groups had to organise these &amp; arrange removal of much that was not needed.</p> <p>Lots of people at West Hub CDC: MSD seeing over 300/day - "like a busy airport terminal". Some dropped off who didn't have emergency needs. Triage &amp; security required to manage people.</p> <p>Difficulties with temporary accommodation - no kitchens to cook in, far away from school &amp; work, not welcoming.</p> <p>Unoccupied homes being looted - anything of value taken.</p> <p>Several organisations had to shut their own offices due to damp &amp; mould.</p>	<p>existing funding at short notice.</p> <p>Case management approach introduced for remaining whānau at West Hub because the already vulnerable were being "passed between people".</p> <p>After 7 weeks of being open 24/7 there was a significant drop in referrals to the CDC at West Hub.</p> <p>25 March WAIF community meeting with lots of press but lots of unknowns &amp; difficult communication with Council officials &amp; Mayor.</p> <p>Red stickered houses seen as 'sitting ducks' for looters. Some are slowly being deconstructed by thieves.</p>	<p>Development of some new programmes of work for some organisations: different gaps/needs have come to people's attention.</p> <p>Organisations still waiting for promised payments.</p> <p>Rates relief achieved &amp; categorisation process influenced by WAIF.</p>



"Most of the time we decided we could sort out reimbursement/remuneration later but it was still the inflexibility of our contracts that stopped us from doing more. Government contracts, especially, still expected BAU and wouldn't let us pivot for some weeks."

"MPHS CDC set up was brilliant – much more coordinated response of services then."

"We had to go out to them, door to door in the end. Because people are 'done' after Covid, the housing crisis and the cost of living crisis. Even [dealing with] a little damage is too much for some – they don't have the energy for it. For others, they say, 'I'm fine' because compared to others they are better off but their houses are damaged, wet and cold; they are looking after displaced whānau and are overcrowded. They are struggling financially, mentally, emotionally."

"There was a real issue with communication across different languages – people who hadn't been here for long, who didn't understand English well and/or who didn't know the system well. And that was all of us to some extent, the response system was being made up as we went along because it just wasn't clear who was leading what."

"It was so different from Covid because the messaging was not clear. We didn't know who was doing what and Council put people in roles they had not skills for – like managing the CDC kitchen. What a mess!"

"Official information was unavailable at first and then often unclear and difficult to find. Plus there was this assumption that people watch the TV News or listen to the radio... We made our own fact sheet by working together. This and the work WAT did to coordinate and share information became our 'one place of knowledge'. We could get that to people because we went to them, sat with them, listened to them."

"People want to tell their story over and over again. They need that, to be heard. And then they are more likely to give information. Asking them all this information upfront was not welcoming or caring. We do the caring and listening first, help them out, then gather data."

"The collectivism was amazing – organisations took the risks of covering costs later and got on with it, in the face of budget cuts from Council too. Lots of trust between local organisations. We worked together really well."

"AEM were so disorganised. Didn't seem to know what they were doing – we had to feed them and their volunteers and help them move CDCs too. We got conflicting information from them and it was so hard to know how to work with them and who was leading what."

"We saw a whole lot of people who had never asked for help, ever, before. They spent their own money til it ran out and often missed out on financial support because they were too late in applying."

"The group in the middle who had never used WINZ before, they were so whakamā and took care of themselves so, by the time we saw them – at their doorstep or at the CDC or somewhere else – they were really needing support because they had used all their reserves [financial, mental, emotional]."

"There was a huge lack of understanding about how AEM work and what their responsibilities were/are."

"MSD stopped entitlements without notice! And the criteria for support was not clear, especially for those supporting whānau."

"Setting up the phone line was a coup! Because information was so hard to come by from the official sources."

"Council and the volunteers/staff were often well-meaning but not well co-ordinated or competent. Yet they say they are in control. They need to share the mic and listen more."

"There was some real arrogance from some of the official organisations in the ways they wanted to collaborate: very little respect towards our expertise, trust and relationships from some."

"We spent 16k in the first 2 weeks feeding CDCs including Council staff and volunteers. Still not reimbursed".

"We could mobilise immediately, and we did. Both management and staff levels, using the skills and connections we already had."

"Counselling will be ongoing. Our counsellor suggests this could go on for years and for some it will be the next trauma that brings this up again. Traumas add up over time til they trip you up."

## What worked well?

"The flood really showcased what the community can do, the resilience, local backboning, the importance of social fabric."

Overall, local organisations and communities worked well together, with many people going well beyond their job descriptions. People adapted quickly, found skilled ways to contribute their expertise, connections and resources and changed tack as needed<sup>2</sup>. This meant that the response was as caring and streamlined as possible despite the often large numbers of people and complex needs requiring support.

"The whole thing was successful because of the community spirit - skills and passions of the local community [organisations and individuals] that came together and because the invitation to open a CDC came from the community, not from officials."

"We worked fast and slow. We considered the place we could have most impact. And that changed over time."

"It was great bonding for our team, other local organisations, and key people who came through eg Eddie and Ken from Council. We all developed new, deeper connections. Eddie and Ken were gold - they went well beyond their roles."

"There was genuine care from people and local groups, a deeper trust and relationship. We learnt who each other are and developed new networks. People went the extra mile - school staff sorted out stationery and uniforms; a Kennards staff member waived costs (and got in trouble for that)."

"Lots of community groups helped us, not the official organisations - really small groups, like the Sikhs, churches, sports groups... local people came to help. It was a community of people..."

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<sup>2</sup> Note that often community organisations were doing work informally (for example, cooking meals without being food safety certified), because if they only did work according to rules and regulations the response would not have worked.

“Karekare had a good experience with AEM because they were geographically isolated; they had to trust the community because they couldn't be on the ground and that worked well.”

“People are struggling with their insurance. Many are losing their insurance.”

“On our way home we began noticing the rivers filling up, cars floating, roads blocked etc. That's when we knew it was bad. not from any official warning.”

we have first hand experience and know what systems need to be in place, we've got to roll it out, and we need to be prepared!

“Being Maori and having the marae experience got us through.”

“The culture of reciprocity - this is the heart of it.”

A local school told people on social media to take sandbags from here but these sandbags were for the safety of the facility and we had to bring them inside so they wouldn't get taken. We never got an apology from them, or any communication at all.

“Service organisations came in 3-4 weeks later to get referrals once they had funding to spend. Brought their plans to us who had relationships with people. They just wanted clients.”

“[official organisations] can't do certain things, can't promise things - they don't have the feasibility or the freedom [to work flexibly).”

“There was no love, compassion or manaaki - Council treated people like numbers, turning some whānau away, denying them a meal - these were pop-in members of the community needing assistance, but not necessarily displaced. They were not just numbers: they were traumatised, wet and cold. “

Local organisations also, by and large, worked well with official agencies. Although this was not without its challenges, it was helped significantly by the “back room, backbone” work of West Auckland Together (WAT), Community Waitakere and the West Auckland Māori Thought Leaders. These organisations and groups helped provide clear and easy accessible communications, access to a “network of networks” and independence from “institutional rules, roles and regulations”.

“The WAT Collective worked really well on coordination and communication.”

“West Auckland Māori Thought Leaders provided some really useful information and connections.”

“Community Waitakere could offer a helicopter view... People were dealing with their own communities and, at the same time, some organisations were working across communities and with the bigger picture. It’s important to have both.”

“The Local Board and Councillors stepped into coordination roles. Using their networks worked really well but they were filling gaps left by AEM.”

High trust relationships with funders and contract holders also worked reasonably well, with swift access to extra funds and the ability to pivot contracts from some and eventual adaptation of contracts from others. Among some funders and contracting agencies there seems to be more willingness to trust and resource local knowledge in times of crisis, but this is not universal and can be hard-won. Getting funding out to community organisations from WAT also worked well and was able to be done very quickly.

Specific systems set up at the CDCs by Kelston Community Hub, MPHS, Ranui Baptist Trust (unofficial CDC<sup>3</sup>) and other local groups worked well too. These included systems of triage, access and distribution of resources as well as manaakitanga. Following on from the response experience, some organisations have developed new programmes of work because they now know about other areas of need.

“We had lists everywhere, used the whiteboard to coordinate and prioritise. Making connections to get what we needed... and we made it like it was coming onto a marae: Manaaki first.”

“We set up a clear system where anyone coming into the hub was met at the gate, no one could get in without being triaged first... people had tags/bracelets, and each tag allowed them into a different area of the hub, this stopped random people who wanted to come in and look around or press getting in. It was important for maintaining privacy for whānau.”

“Triage was crucial. There were media people taking advantage of those displaced and lots of curious people as well, so having a triage that managed the public and security was important.”

“We had a lot of [physical] space to set up good systems. All donations were kept in one room, there was a big hall for sleeping, there was an outdoor space for children to play, spaces for charities, doctors, service providers to set up.”

“Had security in the area where everyone slept to keep everyone safe.”

“MPHS having The Fono, MSD and community connectors all there together was really positive.”

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<sup>3</sup> Ranui Baptist said that AEM “refused to recognise a community-led response. To them there is no such thing” - getting their address wrong, sharing an incomplete list of what was available and directing whānau to Mangere instead of Ranui. Ranui Baptist felt disrespected and “told to stay in your lane”.

“We stayed with the whānau until the end. We advocated for our whānau with WINZ, KO etc. We kept on calling and calling until our whānau got the help that they needed, we didn’t just pass them off to another organisation, we advocated for long term decent accommodation. They started to get really sick of us calling but, if we didn't, people just got lost in the system and forgotten.”

“The whole experience has opened up doorways into what other things we may need to do or activate - host dinners for those in need, offer up our space for those without a home to store food, cook and shower. Different needs/gaps have come to our attention.”

“Our volunteers didn't want to leave. We now have a community meal each week so we are still connected.”

The collective approach worked well as people contributed to longer term responses and solutions too, with different people and their different knowledge, skills and resources coming to the fore as communities sought to be part of various opportunities such as decision making processes about the categorisation of homes and land. Being part of what happens next and longer term solutions has seen local input influence and inform decision making at the political level, enabled by support from national and local politicians across the political spectrum. Locals have been prepared to leverage their networks months later in order to do this because “we realise that this is a long game and we are determined to be part of the process”.

“You feel supported when you have community, you have six people backing you up when you come together. We can’t do this on our own.”

“Having Phil Twyford on our side helped level out the communications - we’ve spoken to the press and to Council in the past and tried to communicate these problems. This time the different skills of contributors really helped and our MP was able to point us in the right direction and get things moving. He has advocated and supported us immensely.”

## What was already happening that helped the response be successful?

"We know how to work together, we know our own strengths." |

In the west there is “a long-term culture of working together” as well as “incredible connections and high levels of trust between organisations, communities and individuals” that have been cultivated for many years. There is also deep experience in community development, disaster response and recovery, and working with large groups in communal settings such as marae and churches. Locals understand and value “collectivism” and organisations are prepared to work together, to their strengths, “beyond their own kaupapa”, “with respect for the tikanga”, and “for the greater good”. This was visible among some officials too.

“Having that depth of relationships was West Auckland’s superpower.” |

Existing trust, relationships and established processes (such as trusted communication channels) across and between a wide range of “well-networked organisations” and individuals were key ingredients to enabling local responses to be successful. Connections were already strong between most organisations, and trust and relationships had also been recently strengthened through working together during the pandemic. In the West, people tend to appreciate the experience of ‘community’ - where staff and locals are willing and know how to “band together”. Some of the work that contributes to the experience of community in the west is “the foresight” of those who helped embed collective ways of working and who built facilities, community organisations and programmes such as op shops and foodbanks. Having established physical spaces, existing well-run operations of all kinds and a culture of working together helped set the scene for an effective response in the west by locals for locals.



“Having emergency response experience from Covid allowed us to pull a team together quickly to manage this response too.”

“Covid meant we already had a warehouse with food stocks ready to go. It was fit for purpose. We were ready.”

“Luckily the Hub had a freezer full of food and Nannies and Kuia who brought homemade meals for staff, volunteers and the community.”

“Having a facility that people had already built, with enough space to sleep and an op shop, commercial kitchen and foodbank and managed by a trust set us up to do a good job. Having a team with heart, who are level headed under stress, gracious in looking after each other and able to ask for help was also really important - it meant the community came when I sent out an SOS and church members came when the team was exhausted. People come when we ask.”

Having trusted existing relationships with “a wide range of whānau” also means most local organisations are well known across communities, including among people who don’t use their services. For some whānau, their knowledge of an organisation was an initial barrier, however, because they didn’t see themselves as “being in as much need” as regular clientele. Mostly though, these barriers fell away as organisations engaged and whānau experienced the support on offer.

As well as trust and relationships, local organisations also already have “much of the expertise and experience to respond to these types of situations and needs” within their local networks. Some organisations have well developed networks with first responders too, so can “tap into specific skills and resources far easier and faster than going through official channels” and this was helpful throughout the response period. Necessary supplies, such as mattresses, blankets, towels, food and beverages were able to be sourced and mobilised relatively quickly from other organisations and private homes and those

leading the local response could invite people with key necessary skills to help too, such as those who can cook vegan or halal food. Coordinating community organisations could then focus on making sure there was “order and a flow to ease the chaos” and that people with all kinds of needs were “welcomed with whakawhanaungatanga” and “given space to help get back to normal”.

“[for several population groups], how a CDC runs is very western, one size fits all and... not cognisant of ethnicity, culture or mental health needs, for example. Leading with manaakitanga and already knowing people and services who could help made a huge difference to outcomes for people who were sometimes very traumatised.”

“My brother out east organised his networks to deliver us some mattresses... we used what we had and asked around.”

“We went to Spark ourselves and gave out phones, and tried to cater to our peoples needs to the best of our ability, calling peoples bosses to get them time off work to find a place to live, got mattresses given by our own local connections and things like that.”

“We went into mum mode: We looked at this place like it was our own home and began organising it like we would with our own children and sorting out chores.”

“The kitchen was a means to heal, bring joy, laughter and offer comfort during those extremely challenging days/weeks... The kitchen was the place where we made families feel like they were at a buffet restaurant. We provided a bit of normality.”

## What didn't work so well?

“A response ecosystem was not identified or communicated by Council so it could not be connected up.”

Inadequate warning and inconsistent communications from official channels as things quickly and progressively became serious on the day of the floods put lives and property at more risk than necessary. This was particularly frustrating because local residents who had previously flooded had been trying for some years to establish better warning and response systems. Even after the rain had stopped, information for the public was often “unclear”, “put out randomly”, “hidden in a website”, in “jargon language” and/or contradictory. Inadequate communications persisted in a variety of ways throughout the response period but did improve, with warnings about Cyclone Gabrielle clearer and more timely.

“No one could give us a clear picture of what was going on. The planning and operation [of the response] was in disarray.”

“The CDC moved three times! That process was confusing and disorganised. One bus full of people who couldn't return to their homes turned up to find the first CDC was closed down. It took a while before someone could tell them where it had moved to.”

“URLs and official links were hard to find: buried in newsfeeds, Facebook posts or deep in websites and even I couldn't make sense of some of them and I work in this space!”

“So many assumptions! Like that everyone watches TV news or listens to the radio.”

In the initial period, confusing and contradictory information was often compounded by a “lack of coordination” between different sections of official organisations and among official organisations, who were also reluctant to share information. This meant that there was also “a lot of duplication”, with whānau having to give people from several different organisations (NZ Red Cross, Student Volunteer Army, MSD etc.) the same information (or not being engaged with at all) because data was not being shared; organisations having no way to track people’s wellbeing; and Council departments not knowing what one another were saying or doing.

“AEM didn't know who was who in the zoo, there were so many silos in Council that worked very independently.”

“Some people were having their doors knocked on multiple times and some people weren't accessed at all. Some people came from South Auckland to West Hub CDC and we had to send them back again.”

“Council expected us to somehow know their systems, how they wanted things to work, without actually communicating that to us.”

“The right hand didn't know what the left was doing. We ended up just doing what we saw was needed.”

“No-one shared data with us... How do we know if those families have moved to a different place? We were with them for quite awhile and now we're unsure of their wellbeing and if they're okay.”

In the early days especially, the official response “hindered local efforts more than it contributed”. This was at least partly because there was “no clear plan or distinct roles for AEM and Civil Defence”. Other organisations with official roles arrived “much later” and offered support that was useful but also limited (such as not getting out of their truck to help with deliveries), “cookie cutter” and not suited to the wider West Auckland context, let alone to specific situations and individuals, with some officials from out of Auckland trying to impose ways of doing things that were “extremely unhelpful, or just rude”. Official organisations had seemingly little flexibility in what they offered or how they operated and tended to not “work beyond their brief: “housing organisations, for example, only focused on their little bit, not taking

a broader social needs view”. Official organisations also tended to “work to shift”: For example, a volunteer asked a Red Cross official for some panadol and was told that the official had finished for the day and could not, therefore, help. Official organisations were often experienced as inflexible and “very risk averse” with strict health and safety protocols which were “understandable but which also sometimes put members of the public at risk”.

“We had lots of different organisations coming in to help, nurses, AEM etc. but they all left at the end of the day: they worked to shift. We had to stay all night, and that is a different experience. They didn’t fully comprehend the difficulties of keeping everyone safe and well 24/7.”

“Institutional risk aversion - they only operate in no-risk environments which, in a disaster, doesn’t work.”

“The cops and military didn’t or couldn’t be held responsible for helping a woman get her medication from her home, but they said the volunteers could take her, putting us more at risk... it didn’t make sense. It’s a challenge because they need to follow their protocols and guidelines, but surely there needs to be some common sense in some situations.”

Local organisations felt they had to take over the leadership of some situations, such as CDCs because they were being “run in unsafe ways”. Even as they stepped into leadership roles, however, local organisations felt their expertise and knowledge and/or that of staff, volunteers and supporters was frequently dismissed or not recognised by official responders. Official organisations “had their own view of what was needed” and didn’t always work constructively or respectfully with local organisations, priorities or knowledge. At the same time, some people sent by official organisations “didn’t know what they were doing” or “overstepped their mark and had to be managed by us because their organisation was not managing them well”<sup>4</sup>. This caused “numerous headaches and a LOT of extra work” for locals.

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<sup>4</sup> This was most marked among groups from out of town but also included some of those from Tāmaki Makaurau-based organisations, including Auckland Council and AEM.

“Some of the official staff needed more looking after than the locals who were displaced – they were seconded and had no idea what their job was or, if they did, how to do it.”

“AEM didn’t recognise localities, and therefore couldn’t support local responses”.

“They sent staff but in no way did they prepare their staff or look after them. We had to do that as well [as everything else]. Whatever training they had, did not prepare them for reality.”

“Managing other organisations and their teams from out of town and/or who hadn’t worked together before was all left up to us... and Red Cross just packed up right before the cyclone - taking all their stuff including coffee urns and loading it into their truck, then locking their truck and leaving it there on the street. So we still had people here and no urns. Right before another rain event.”

“[one community organisation] had funding for the whole region but everything had to go through them and they actually created extra work - they dropped off rotten food just at 8pm when volunteers could go home. Instead the volunteers had to stay and sort it out. They also brought frozen meat packs to give out - to people with no power! Some organisations are all about the photo opportunity.”

“We had difficulties with HUD regarding housing those from private rentals in transitional housing because we are not funded to do that. Did it anyway because there was a need and we had empty units. We have not been paid by HUD for many months now. This and many other hard decisions had to be made.”

“AEM was happy to hand over the reins. They had teams who had never worked together before, volunteers in the kitchen who had never managed a kitchen before. We were asked to host a CDC, not lead one but we had to lead because there was no leadership from AEM. We didn't realise until later how underinvested AEM was and what that would be like for us.”

Actual resources for the response were lacking in some cases too. There was, for example, “simply not enough appropriate housing”, which saw some whānau housed “in social situations that were not culturally safe for them” or “told to leave their hotel/motel because concert goers had booked all the rooms some months ago”. Most emergency housing was in hotel rooms in the city centre with no kitchen facilities so people were “travelling a lot to get children to school and to West Hub for food. It was very expensive for them and some just moved back to the Hub to make things easier”.

“Hotels were intimidating for those people displaced, there was discrimination and they felt other guests had their eyes on them. And no proper cooking facilities. But here at the Hub they felt at home.”

As well as emergency housing, longer term housing was - and is - an issue, largely due to the housing crisis but also due to funding arrangements for social housing. This meant some housing was not made available to displaced whānau without the provider losing their funding and also means some whānau are still living in damp and damaged homes, several of which have been repeatedly flooded since.

Navigation of other support for whānau was also frequently difficult and complex. Financial entitlements, for example, were “stopped way too soon” and “with little notice”: “Those people who spent their own money first and then came for help missed out. They were too late, and it wasn’t even six weeks after the cyclone.” The process for those who did seek support was “often torturous because agencies were fixated on form filling – getting their data first” rather than “letting people kōrero, tell their stories, feel heard. Even if it is over and over.” Applicants also had to repeat their details and situation over and over to strangers.

“Understanding the need to kōrero... it’s so important for people who are traumatised to be able to tell their stories before gathering information from them.”

“Manaakitanga did not come first for official organisations. They were too bound by their own processes... well-meaning intent but not executed well.”

“Some outside help didn't show much manaaki when it was really needed. They came in with an organisational attitude, not a community-minded one, thinking they can save us when we are already saving ourselves.”

Management of CDCs came with a host of specific issues associated with complexities of serving displaced and often traumatised whānau appropriately as well as making and keeping contact with AEM and accessing support for staff and volunteers. Some of these issues were related to limitations in coordination, communication and information sharing from official organisations. Others were rooted in a lack of leadership, “ready to go protocols”, operational expertise and meeting “practical needs”, such as the many whānau who no longer had their cell phones or when “no progress was being made for the displaced”. Some organisations were opportunistic and used CDCs for their own purposes, such as offering free microchipping of animals or “dropping people needing help for all sorts of things, not specifically for the civic emergency”. Some of those people seeking help arrived with “very complex needs which sometimes put themselves and others at risk”.

“AEM's assessment tools didn't have the right tickboxing when it came to understanding our communities' needs and it took hours to get AEM's help. It would be easier to get Barack Obama on the phone than AEM.”

“We had to implement systems but that shouldn't be our job and we had to figure it out quickly, they should already have been in place.”

“So many donations! The whole room was wall-to-wall full, we had to organise all of them. Our youth/youth leaders organised all of it, and had to get a lot taken away as some of the donations weren't useful to us. We were left with a lot to sort and organise ourselves.”



“Pop up's for free animal microchipping were taking place while people still slept in the hall. Heaps of people showed up. Auckland Council was using our hub as a way to promote services that were unnecessary in an emergency - taking energy away from that emergency response need and forcing us to manage something else.”

“This place [West Hub CDC] became a magnet for people with wider issues.”

“It was layer upon layer onto us. Our crisis management was overwhelmed by all the different silos of services doing pop ups in our space. It was distracting and insensitive.”

All of this plus the presence of media and “curious onlookers” often made for huge numbers of people to manage at the West Hub CDC in particular. This soon required a security team and meant briefings were “great for community information” but “terrible for leadership and facilitation”. As well, many local staff and volunteers worked long hours, day after day: “much of the response mahi fell to a few” and lasted much longer than anticipated. The internal systems of some local organisations sometimes “struggled to recognise and respond” to the pressures staff were under too. Overwork and exhaustion were not uncommon.

“Too many people were at briefings - people who didn't need to be there: the curious onlookers, random observers, people from various Council departments. These meetings were sensitive, some topics about displaced people and there were people from different departments listening in. There was also no place to discuss what wasn't working well.”

“It was like a busy airport terminal, people were in and out and everywhere trying to navigate it while setting it up as a CDC.”

“We were mentally and emotionally exhausted,... there was nothing for the carers that were caring.”

“It was exhausting work, we were here 24/7 and some of us slept here in the beginning so we could keep everything organised and make sure whānau were safe.”

Together, these things “raised anxiety levels of whānau and of those of us trying to do our work” and inhibited a more joined up approach between these organisations and local organisations.

Finally, several organisations had still not been fully paid months after their work in the response had finished. Those that have received financial compensation sometimes waited many months after navigating an array of processes, received part payments and/or received money from philanthropic funders via WAT or another funder such as DIA rather than from “agencies charged with delivering disaster response and recovery”. Some were directed by AEM to apply for funds they weren’t eligible for and others chased “a number of dead ends” before writing off funds promised for costs incurred.

In addition, several organisations reported a loss of income due to being part of the response and recovery effort (such as forced cancellation of weddings in a CDC venue) and nobody reported being reimbursed for business-as-usual work they could not do or income that was lost. Indeed, some organisations reported a struggle to get approval from funders and/or their own boards to thank volunteers “who had done so much, given so much, made this response happen - even when their own homes were in danger”.

“Holy cow, we did your work and you can’t even reimburse us \$3000 even though we did the bulk of it?! To them it’s pocket change, for us it’s so important.”

“The celebrities of the night were the hands and feet. These were unpaid hours and they needed to be acknowledged, it’s different, we just want to say thank you. We don’t want to take our community for granted. No one from the community hesitated.”

## What could be done in advance now to be better prepared next time?

As several people said, “it’s easy to see what could have been done looking back”. At the same time, “there has been enough experience of natural disasters and the pandemic here in the west to have put some

pretty basic things in place". Top of mind suggestions included:

- Better stream and drainage maintenance and making maintenance a Council issue, not one for individual homeowners. Lack of stream maintenance and blockages were found throughout West Auckland in areas that have an extensive history of flooding.
- Preparing the community - not just as individuals, households and organisations, but as communities. Developing trained local response groups who can inform both local and official organisations and be supported by official organisations. Such formal systems would acknowledge 'field experts' who are already embedded in communities because "officials will never have the local networks and knowledge we have, and we will be unlikely to have their expertise, so we need a system that makes the most of both of these."
- Planning, training and resourcing for local organisations likely to be involved in responding so they can respond with confidence and to a high standard as well as so they have clarity on their role, know when to get out of the way and how to integrate their services with one another.
- Systems planning, such as capacity and protocols for sharing information and secondment e.g. within West Auckland the ability to move trained people across organisations to work where they are needed as well as practical processes such as taking furniture donations, storing these, and getting them out to the community.
- Learning from each flood event and changing systems as we know more.
- More flexible contracts for community organisations so they can confidently step into emergency management roles as required: "set up cost recovery/ways to pay for disaster costs now and make processes for accessing resourcing MUCH simpler and faster"
- Better understandings of what groups are out there already and what they do. For example, who are the organisations already experienced in emergency food supply?
- Internal organisational preparation and training in emergency management for community organisations: psychological, first aid, and operation of evacuation centres. Create a directory of who was worked with this time so we can mobilise faster next time. Organisational plans and preparation for what each organisation will do in a disaster - the ability to act fast will be improved by planning.
- Development of a trained emergency management team ready to be deployed in Council that supports local efforts with expertise, resources and funding and enables locals to do a good job.
- Better communication before, during and after natural events both to the general public and to and from organisations and groups involved in responding

"Council assessed our adequacy as a CDC 5 years ago and never got back to us."

"We need a group without a single lead person where multiple people can step into the lead role and shift the focus to 'what do we need to do'."

“We should be on a list of trusted organisations so council, AEM and government know they can share information with us.”

“AEM needs to set up things in advance jointly with communities and CDCs - clear plans, responsibilities, training and support. They should be communicating now, growing relationships to support locals to do things well. They won't have and don't need local knowledge - locals need their expertise, access to resources etc.”

“Council teams need to have better communications/integration - know what each are doing and the Recovery Office needs to be more engaged with AEM - complement and supplement.”

“Council take a community development approach and keep pathways open - send a thank you, share where they are at now, invite our expertise, how we can join together etc.”

“Create a library of resources e.g. portable chargers, charging stations, generators and fuel.”

“There needs to be a core team or group that everyone connects to, if council had those collectives that were mandated and showed unique leadership it would be useful in showing a strong organised structure in a time of crisis.”

“Council needs high level planners, a collective of people who can lead, share resources, build those relationships and have shared community values.”

“Council needs to listen more, act faster, get the right skills, relationships, trust.”

“Best if we can tell them what we need, they provide us the right resources and structure. We know what the community wants. Most council people or big organisations come through with their own agendas, it doesn't work properly that way. They need to bring their 'A' game, not just talk about it.”

## Things to focus on over the next 6 months:

“We have first hand experience as well as technical skills and political connections. Together we know what systems need to be in place. We have got to roll these out. We need to be prepared!”

A clear focus on risk reduction and readiness, which are often not seen as distinct from one another and which are the result of learning from this response and recovery period. This focus on risk reduction and readiness is to set locals up for more streamlined systems of response that can utilise and honour local knowledge, skills, resources, and connections.

Risk reduction	Readiness	Response	Recovery
<p>Fix infrastructure and maintain it better: roads, slips, stormwater drains etc.</p> <p>Reduce risk of cumulative effects e.g. no build zones, cleaning up streams and rivers, riparian planting etc.</p> <p>Public health messaging and making it clear who people can contact for support in emergencies.</p> <p>More agile contracts, support services, and protocols for staff and volunteers involved in any emergency response.</p> <p>Set up emergency response local teams within and across organisations.</p> <p>Free training for people in local organisations so they have expertise, plans and capacity to do it well for the first 3-5</p>	<p>Map the impact of the floods and where services were provided to get a holistic sense of what happened and how we can be better prepared, especially in high priority areas.</p> <p>Develop relationships with whānau in flood-prone areas and with key services e.g. Fire, police, Māori Wardens.</p> <p>Support organisations to build internal policies for emergency response and create scenario plans.</p> <p>Educate communities and whanau on who to call, where to go, and what to do in an emergency.</p> <p>Know the local landscape of who does/has what. Set up systems (a stocktake/directory?) to manage and distribute resources e.g. mattresses. Work with existing resources better e.g. marae, churches, sports clubs.</p> <p>Greater collaboration and development of scenarios and plans that utilise and respect local knowledge and connections as expertise comes in.</p> <p>Make council buildings easier to access so that schools don't get used as emergency hubs as a last resort - schools are not ideal as it interrupts learning.</p>	<p>Clear and timely communications distributed through local networks as well as central/official channels.</p> <p>Better systems for emergency accommodation so whanau aren't just bumped from hotel to hotel.</p> <p>Better information and data sharing between Council, organisations and agencies.</p> <p>Council and AEM play a supportive, overarching role that enables communities to work well and flexibly. Council and AEM support local responses, not the other way round.</p>	<p>Getting used to new normal – some things won't be able to be fixed. How can we live differently and survive disasters? More city-wide permeability and sponginess. Not building on flood plains.</p> <p>Develop composite stories/marketing so people know what to expect from services and realities of disasters.</p> <p>Work in partnership more e.g. council and community orgs.</p> <p>Offer free long term trauma support.</p>

Risk reduction	Readiness	Response	Recovery
<p>days. Map trusted locals/staff with training, skills and competency who can respond quickly.</p> <p>Establish an emergency response system that overrides BAU and where paperwork can be done later</p> <p>Develop easily accessible grants systems with flexible funding so organisations are not out of pocket and don't have to navigate complex systems..</p>	<p>Council and community orgs work together to help communities build 'go-bags' and emergency kits.</p> <p>Flexible funding ready to activate emergency response people (already trained).</p> <p>Internal preparation for local organisations – what to do in an emergency, how to support response staff etc.</p> <p>Clear communication of AEM and CD roles and ways of working. Ensure AEM is well coordinated between its different parts.</p> <p>Consider CDC models that are more cognisant of diverse needs and line up safe accommodation including locals safely housing other locals. Cultural competency and a system to activate it with people who have a role and know what to do eg.. sports club committees, school campuses. Have dedicated CDC locations.</p> <p>Have emergency supplies, stores and equipment nearby.</p> <p>Better communications from council and AEM.</p> <p>Provide free emergency response training and certifications (e.g., food safety certification) so that organisations can respond well, and without worrying about breaking council rules.</p>	<p>Activate plan of safe accommodation.</p> <p>Easy activation of flexible funding.</p> <p>Listen to people first. Easier processes for accessing support in the immediate period and longer term. Prioritise manaakitanga</p>	

## Appendix One: Method and Tools

The proposed approaches to this study were co-designed with most of the commissioning groups and organisations<sup>5</sup> before any work was undertaken.

Existing and soon-to-be published material was shared in the co-design session and it was agreed to gather information for this study in 90-120 minute confidential, small group conversations with local groups, organisations and agencies. These conversations used an agreed discussion guide and printed tools to focus discussion and encourage participants to share.

A list of potential participants was developed in the co-design session and an initial two conversations were agreed to test the approach. No changes were made to the tools following the first two conversations and a further 15<sup>6</sup> organisations/projects were approached.

<sup>5</sup> Representatives from Community Waitakere, Vision West, Healthy Families Waitakere, West Auckland Together confirmed and co-designed the approach in a Zoom on 12 June 2023.

<sup>6</sup> 17 organisations were approached. Three organisations declined to be involved due to a lack of capacity, two organisations passed us onto another organisation (all of which we spoke with), one organisation had a lot of changes in staffing and could not arrange access to appropriate people in our timeframe and one other organisation did not reply despite multiple requests through different members of management and staff. 11 conversations were undertaken with 28 people from 10 organisations.

### Discussion Guide

Thinking about both response and recovery, what happened (*scale, impact*) from their perspective with regard to the Anniversary Weekend Floods and Cyclone Gabrielle (*timeline*).

Their role in each of the events (*add to the timeline*)

What worked well in the space they were working in and in the 'system' more widely (*some stories...*)

What was already happening in these places that helped things to work well?

How did people know what services were available? Who were the people you worked with? (*population groups*)

What were the unmet needs? *Offer a table.*

Were there people who missed out or were hard to reach? Overall, what didn't work well in the space they were working in and in the 'system' more widely (*some stories...*).

What they think could have been done better and by who?

So, where are the gaps to fill now, in preparation for future disasters and to overcome the impacts of the floods and cyclone? Who should lead these changes?

*E.g. data sharing, cultural appropriateness.*

What could be done over the next 6 months to be better prepared for similar/other natural disasters - reduction of risks, preparedness, response and recovery (*complete a table together*).

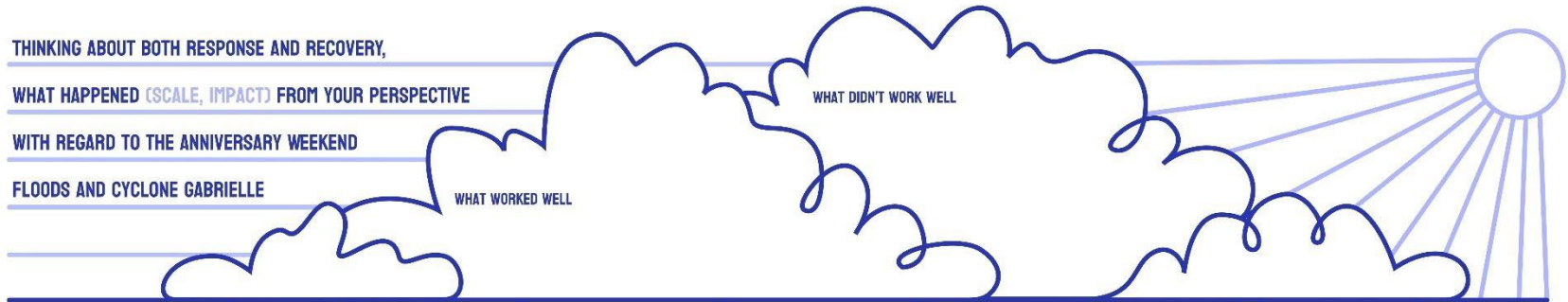


THINKING ABOUT BOTH RESPONSE AND RECOVERY,

WHAT HAPPENED (SCALE, IMPACT) FROM YOUR PERSPECTIVE

WITH REGARD TO THE ANNIVERSARY WEEKEND

FLOODS AND CYCLONE GABRIELLE



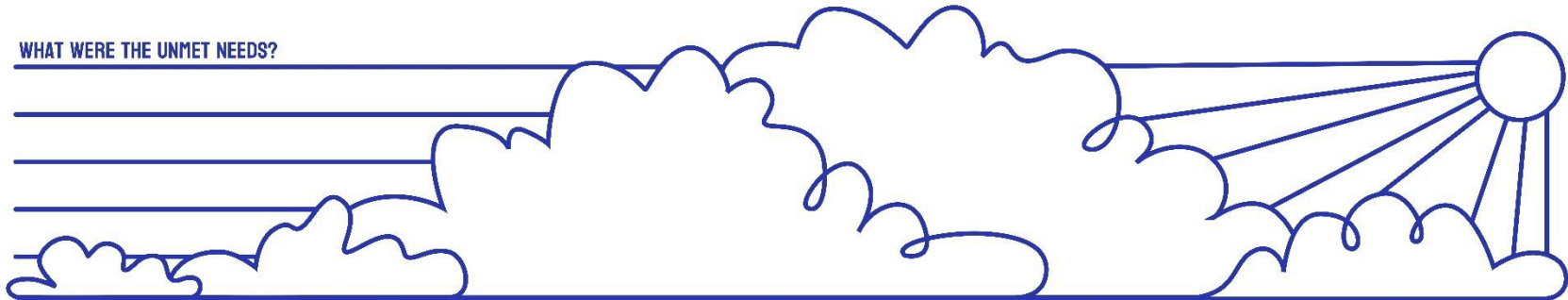
JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	

YOUR ROLE

WHAT WAS ALREADY HAPPENING  
THAT HELPED RESPONSE AND RECOVERY

WHAT COULD HAVE BEEN DONE IN ADVANCE  
TO BE BETTER PREPARED

WHAT WERE THE UNMET NEEDS?



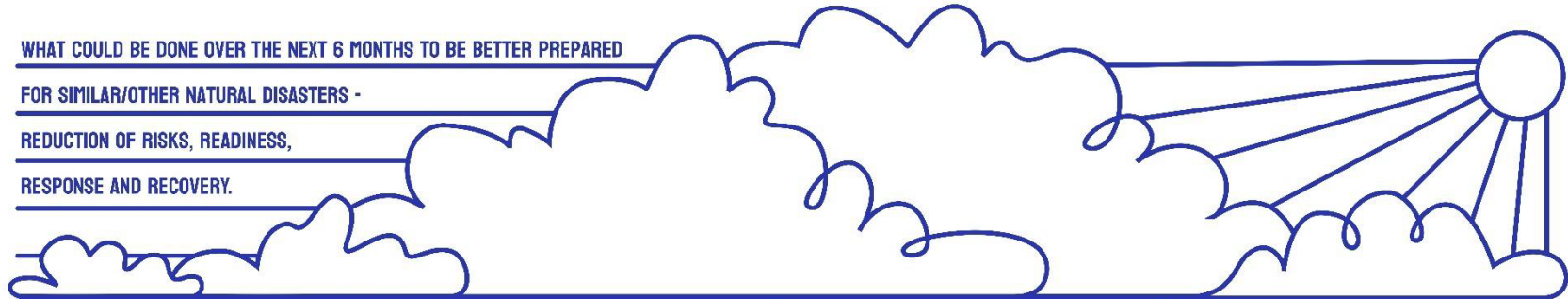
MONEY	INSURANCE	HOUSING (SHORT AND LONGER TERM)	LEGAL	HOUSEHOLD ITEMS	WORK	WELLBEING (EMOTIONAL, MENTAL, PHYSICAL)	TRAVEL AND CONNECTION	SERVICES: CHILDCARE, MEDICAL, FOOD PARCELS ETC	OTHER

WHAT COULD BE DONE OVER THE NEXT 6 MONTHS TO BE BETTER PREPARED

FOR SIMILAR/OTHER NATURAL DISASTERS -

REDUCTION OF RISKS, READINESS,

RESPONSE AND RECOVERY.



<b>RISK REDUCTION</b>	<b>READINESS</b>	<b>RESPONSE</b>	<b>RECOVERY</b>

## Appendix Two: What were the unmet needs in the community?

In the immediate period, it was difficult to know what was needed, let alone what or who was being missed. The most requested support is broadly collated below. Headings coloured **red** were seen as the most frequently requested and critical needs over the first 4-5 months after the flooding and cyclone, with those coloured **orange** requested slightly less often. People were often in crisis as they tried to access these, even some weeks after the actual events.

Money	Insurance	Housing	Legal	HH Items	Work	Wellbeing	Travel	Services
<p>Compounded by the cost of living crisis – many people living week to week.</p>	<p>Accessing insurance often took many hours on the phone &amp; very often nothing would actually happen. Insurers were overwhelmed.</p> <p>People didn't know what they were entitled to so weren't making claims, &amp; when they found out they were eligible it was too late.</p> <p>Many people didn't/don't have insurance &amp; have been left without help.</p>	<p>Compounded by the housing crisis.</p> <p>Contracts restricted what could be offered.</p> <p>Temporary &amp; emergency accommodation was often far away and inadequate so whanau would end up back in emergency hubs.</p>	<p>Community law set up across different hubs to give free advice, which was useful because lots of people had no idea where to turn with their legal questions.</p> <p>People didn't know the legal processes for insurance, making claims, what they were entitled to.</p>	<p>Furniture, bedding, clothing, &amp; pantry items</p> <p>84 HH: average \$2616/house = \$219744!</p> <p>Huge need for mattresses.</p>	<p>Difficult to get to as cars were often ruined or people were living in temporary accommodation far from their work.</p>	<p>High levels of trauma. Many were unable to focus or make decisions without advocacy.</p> <p>Trauma response may last years.</p> <p>Compounded by the COVID19 lockdowns.</p> <p>No education on collective community trauma &amp; how that can impact relationships with neighbours &amp; community members.</p>	<p>Many lost cars so had no way to get around, including to see whānau or get support.</p> <p>School buses would refuse to pick up some kids, even though the whanau would get them to a location that was safe for buses.</p>	<p>Huge need for food.</p> <p>No central worker to support families to access services &amp; navigate the complex system.</p>