Engaging social workers in disaster management: Case studies from New Zealand

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Abstract

Social workers in New Zealand are well-positioned to work in disaster management and respond to the complexities that arise from human-made and natural disasters. Their professional roles within communities, often working with the most vulnerable members of society, mean they can effectively connect with people affected by disaster as well as those organisations engaged in disaster management. Disaster management professionals’ understanding of the extent of a social worker’s role is, however, limited. Using a case study approach, this article showcases the experiences of two registered social workers following the Kaikōura earthquake in New Zealand in 2016. The intention of the case studies is to highlight different aspects of social work practice post-disaster and draw attention to the importance of including social workers in all four phases of disaster management. Strengthening the relationship, both locally and nationally, between the social work professional association and key disaster management organisations such as civil defence is recommended.

Key words: Social work, disaster, earthquake, New Zealand, systems, community

1.1 Introduction

A disaster can be defined as “an event that causes major losses to people and destruction of place. It can result from a natural or human-induced event or from intentional human actions” (Alston et al., 2019, p.5). Such events include flooding, tsunamis, hurricanes, earthquakes, oil spills, explosions and forest fires to name a few. The effects of disasters may be felt locally, nationally and even globally as has been seen with the Covid-19 pandemic (Shadeed & Alawna, 2021). Communities affected by disasters face significant loss and challenges, including damaged infrastructure, displacement, disruption to social and economic activities, trauma, health complications and threatened livelihoods, all of which can take significant recovery time (Paton & Johnston, 2015).

Multiple government, non-government, community-based and private organisations may be involved in the mitigation and management of disasters (Author, 2019). Disaster
management is commonly divided into four phases, each of which guides and informs the others (Paul, 2011). The phases include risk reduction, readiness, response and recovery, each of which is discussed briefly below.

Risk reduction and readiness both occur in the pre-disaster phase with a focus on reducing the likelihood of disasters and planning for an event that may lead to a disaster (van Heugten, 2014). Activities in these phases may include policy development, practice drills at a national, institutional, or individual level, organising emergency kits, public awareness campaigns, securing heavy household items and setting up relevant warning systems such as tsunami sirens or cell phone alerts. Warning signs, however, do not always precede disasters and the knowledge of existing hazards continue to evolve (Paton & Johnston, 2015). This can cause uncertainty or result in gaps in disaster reduction and readiness phases, highlighting the importance of regular reviews of disaster management plans. For example, although earthquakes are common in New Zealand given the geographical position on the Pacific Rim and conversion of two tectonic plates, the fault line that caused the 2010 and 2011 Canterbury earthquakes was previously unidentified, and many citizens did not expect the damage and loss that ensued (McClure et al., 2011; Paton & Johnston, 2015).

The response phase occurs immediately after an event and incorporates all efforts associated with relief and rescue (van Heugten, 2014). The recovery phase focuses on reconstruction, short-and longer-term recovery and any post-disaster developments (van Heugten, 2014). Although commonly referred to as a cycle, it should be noted that the four phases can overlap. Instances where the recovery phase is disrupted by further disasters such as aftershocks or landslides, can require communities and agencies to move between the response and recovery phase several times (Paton & Johnston, 2015).

1.2 Social work and disaster management.
Internationally, social workers practice across a myriad of fields with individuals, families, whānau1 and communities, and can be found in a diverse range of settings including hospitals, schools, prisons and probation offices, government agencies, human service agencies, community centres and charities (Munford & O'Donoghue, 2019). Roles vary and may include advocacy, direct psycho-social support, needs-assessments, community development, policy development, research and education. Although the title of social worker is legally protected in New Zealand under the Social Workers Registration Act (2003), social workers may be employed under a range of titles including case manager, support worker, navigator or child protection worker. Social workers are trained to support people in times of crisis, to advocate for individuals and communities, and to undertake this work in accordance with professional codes of ethics and conduct (Dominelli, 2014). Social work is

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1 The Māori word ‘whānau’ often refers to extended family however it is a complex and dynamic term and may include more flexible groupings of people who are interconnected, often through bloodlines.
underpinned by values of social justice, human rights, social change and empowerment, engaging with individuals, families and communities to explore sustainable solutions to challenges and enhance wellbeing (International Federation of Social Workers (IFSW), 2014). Being present across multiple fields of practice and positioned in the heart of communities, social workers have, for decades, played a pivotal role in disaster management, although their contributions have predominately gone unrecognised and been under-researched until more recently (Alston et al., 2019; Dominelli, 2014). Although this work has sometimes been specified in their professional role, often social workers have unexpectedly found themselves involved in recovery and response efforts following disasters (Hugman, 2010).

Examples of social workers’ engagement in disaster events include compiling and updating comprehensive information on services and resources to direct individuals and families to community-based supports (Maher & Maidment, 2013), establishing information centres to link service users and family members (Maher & Maidment, 2013), ensuring the continuation of social services remotely (IFSW, 2020), harnessing technology to enable communication between service users and family members (Redondo-Sama et al., 2020), collaborating with agencies for the provision of immediate basic needs such as food and housing (Redondo-Sama et al., 2020), providing one-on-one or family based psycho-social support to address trauma and loss (Du Plooy et al., 2014), coordinating phone lines (Du Plooy et al., 2014; IFSW, 2020; Maher & Maidment, 2013); negotiating with other organisations (Shevellar & Westoby, 2014) and establishing new planning frameworks and protocols for current and future disaster events (Cooper-Cabell, 2013; Maher & Maidment, 2013).

It has been suggested that the public is generally unaware of what social workers do in their professional role and may not realise that they are often among the first responders to provide disaster relief and activate innovative interventions in response to natural and human-made disasters (Alston et al., 2019; Dominelli, 2014). This notion is reflected in the context of New Zealand, where social worker involvement in disaster management has received minimal public media attention (Authors, 2018). Furthermore, there is limited awareness from disaster management professionals of what social workers do and how they can be active and deliberate contributors in the disaster management phases (Authors, 2021). This article presents case studies of two social workers’ experiences following the Kaikōura earthquake in 2016 to showcase examples of social workers’ involvement in disaster management. Implications for the training and practice of social workers and disaster management professionals are discussed.

2.1 Methods
The development of the case studies presented in this article signals the final stage of a four-part project designed to map social workers’ involvement in disasters in New Zealand and examine their role, capacity, utility and training needs in the four phases of
disaster management. The primary research question was:

How have registered social workers been involved in disaster management in their professional role in NZ?

Stage one involved a content analysis of the portrayal of social work, social workers and emergencies (disasters) in New Zealand online media between 2006 and 2016. A key finding from this stage was that “social workers and their emergency related practice remains largely invisible in Aotearoa [New Zealand]’s online media” (Authors, 2018, p.5). The media portrayed social workers as being primarily associated with long-term recovery efforts rather than involved in the risk reduction, readiness, and response stages of disaster management.

The second stage of the project included interviews conducted with disaster management professionals who were not social workers. The purpose of these interviews was to elicit their perspectives on what social workers do in their professional role, how they are or could be involved in disaster management, the skills and capabilities they offer, and the current profile of social workers in disaster management (Authors, 2021). The findings indicated limited knowledge from the professionals about social worker capabilities, location in the community, and previous involvement in the disaster management field.

In 2018, a survey of registered social workers in New Zealand was designed and distributed through the regulatory body, the Social Workers Registration Board. As the third stage of the project, this survey, posed questions about social workers’ engagement in disaster management and associated key activities, whether they felt equipped for this work, perceptions of visibility, and the utility of social workers in future disaster events (Author, 2021). The survey results highlighted social workers’ engagement in a diverse range of activities, especially in the response and recovery phases of disaster management. Harnessing a nested sample approach (Yin, 2006) survey participants were then invited to contact the researcher if they wished to be involved in the fourth and final stage of the project, participating in semi-structured interviews. This in-depth inquiry (Yin, 2012) explored the social worker’s involvement in one or more of the disaster management phases.

Eleven registered social workers volunteered to participate in this final stage. All had been engaged in the recovery and response phases of disaster management and several had also been active in risk reduction and readiness planning. Following the interviews, the approved transcripts were shaped into case studies using a set of guidelines based on the interview schedule. A research assistant wrote the case studies, and these were edited by the first author before being returned to individual participants for further editing. This approach strengthened the trustworthiness and credibility of the data analysis, especially as it
recognised a level of reflexivity from the authors as they were not present during or after the disasters being discussed by the participants (Braun & Clark, 2019; Lietz & Zayas, 2010).

Thematic analysis guided by the Framework approach of Ritchie and colleagues (2014) was applied to the case studies to ascertain important themes and sub-themes. This involved familiarisation with the transcripts and identification of common concepts and themes (Ritchie et al., 2014). Based on this analysis, decisions about which case studies would sit alongside each other in subsequent publications were determined. A common structure was applied to each case study for consistency and included: the context of the case; the practice environment; challenges; practice approaches; lessons learned; and recommendations. This approach enables comparison across the case studies although generalisation remains limited due to the size and scope of the project (Yin, 2012).

Ethical approval for the project was granted by the Human Ethics Committee at Massey University, New Zealand (notification 4000019500). Informed consent and confidentiality received particular attention for the design and implementation of the interviews and survey. The participants in the case study stage agreed to be named in any resulting presentations or publications.

During the Kaikōura earthquake in 2016, otherwise known as the Waiau or North Canterbury earthquake, two participants had been living and working in the Canterbury region (approximately 180km south) and were flown in by helicopter to the disaster zone to support the recovery and response efforts. These two interviews form the basis of the following case studies, however, other participants engaged in this final stage of the research reported on their experiences in the 2010 and 2011 Christchurch earthquakes as well as a flooding event in the north island of New Zealand.

3.1 Case Studies: Kaikōura Earthquake, 2016.

On the 14th November 2016 a 7.8 magnitude earthquake struck the upper regions of the South Island, New Zealand. Centred near the settlement Wairau approximately 80kms south of Kaikōura, the earthquake ruptured along multiple fault lines, causing a tear in the earth approximately 180kms long (GeoNet, 2016). Land was displaced horizontally and vertically, causing coastal uplift and widespread landslides. The land movement destroyed roads and infrastructure, even dragging sections of the Pacific coastal railway track into the sea.

Occurring in the middle of the night, most residents were woken by the earthquake. Multiple houses were torn apart or collapsed, and two people were killed because of injuries sustained in their homes. Tsunami warnings were issued, however, due to the lifting of the coastal seabed and low tide, no additional significant damage was caused. With ferry terminals, roads and rail closed, the Kaikōura District was isolated from the rest of New Zealand. Helicopters were employed as the main mode of transportation during initial
response efforts. These were used to distribute resources and relocate people, prioritising those needing urgent medical attention.

3.2 The practice environment
The Kaikōura earthquake resulted in widespread damage throughout North Canterbury, not limited to the township of Kaikōura. Water and sewerage systems, homes, infrastructure and communication lines were affected, and neighbourhoods were isolated as a result of inaccessible roads. Many people had limited or no access to electricity or safe water, and dozens of residents were evacuated due to unstable housing and the risk of landslides with the continuing aftershocks. Furthermore, the earthquake amplified financial struggles. Many farmers had experienced drought for three years prior to the quake which lowered the productivity of their land. The resulting landslides, collapsed shelters, damaged homesteads, and lack of water for livestock threatened their livelihoods and financial security.

As a largely rural area with a dispersed population, access to healthcare and mental health support services was difficult, and some residents feared their needs would be overlooked or forgotten in response and recovery efforts. Existing rural services were not adequately resourced to manage the influx of need, with additional externally sourced staff and training required. The constant presence of aftershocks and threat of tsunami caused anxiety and uncertainty, with reports of parents withholding their children from school for fear of safety.

The Kaikōura Healthcare centre became a cornerstone of the community, having recently relocated into a new, purpose-built facility which experienced minimal damage in the disaster. The centre offered free Wi-Fi and provided a central, secure and resourced facility for disaster response services.

3.3 Bronwyn Kay- Social Worker
At the time of the Kaikōura earthquake, Bronwyn was employed as a regional practice advisor for Christchurch Child Youth and Family, now known as Oranga Tamariki. This government organisation has responsibility for child protection, youth justice and adoptions in New Zealand. The day after the earthquake, the local civil defence staff approached Bronwyn’s operations manager, seeking three social workers to travel to Kaikōura and assist with the response efforts. With an intimate knowledge of the region and community due to a long history of living in Kaikōura, Bronwyn volunteered and was transported to Kaikōura by helicopter alongside two other regional social work colleagues.

Upon arriving in Kaikōura on the 16th November, Bronwyn was tasked with completing home assessments of red zoned properties, those deemed by civil defence as unsafe for

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2 Local authorities are responsible for civil defence emergency management in their area. The National Emergency Management Agency provides national coordination and leadership.
residence. After the first three home visits it become evident to Bronwyn that other organisations had already completed needs assessments in the area including Red Cross and Ngai Tahu Whānau Ora navigators. This realisation highlighted confusion over roles and required a reassessment of the situation to identify where her skills and knowledge would be best placed in the response efforts.

The following day, at a Council building, Bronwyn observed the Red Cross assessment forms being placed in a large box, with no coordination or data recording system. Seeing a gap in organisation, Bronwyn initiated a triaging system to prioritise and categorise needs to inform appropriate response efforts. Working with a fellow social work colleague, a management system was established using their own software and technology to record assessment data for ease of access, referencing and reporting. Once the management system was operational, Bronwyn was able to communicate with logistics staff to arrange for volunteers to support residents with practical needs such as removing fallen furniture or debris.

Furthermore, Bronwyn was able to draw on her existing contacts at the healthcare centre to cross-reference the assessments, identifying who had been missed, and what medical needs had been overlooked. As the only existing medical centre in the region, all residents had to be registered with the service to access healthcare. This enabled a comprehensive overview of the medical needs of the local population including contact details and addresses. The collaboration and data sharing proved vital, as many residents had not listed medical needs on the Red Cross forms, having focused on their practical needs during the rapid assessments.

3.3.1 Challenges
Disasters can occur at any time and, as in the case of earthquakes, often without warning. Although City and District Councils are tasked with the responsibility of coordinating an immediate response, they are not always prepared or operating at standard capacity due to other unforeseen challenges prior to the disaster. In the case of Kaikōura, the District Council was newly elected and were still building relationships and understanding their roles, as well as being in the process of moving offices. The Council’s state of relocation contributed to widespread confusion during the immediate response period, with a lack of coordination, inconsistent communication, and missing records. In the initial response phase, there was also limited effective coordination with social, community and health organisations not communicating sufficiently with one another in the first few days following the disaster. This led to the replication of services such as civil defence, Red Cross and Whānau Ora staff all completing home visits and rapid assessments in the same neighbourhoods. Further, there was no central system to coordinate a response to needs identified in the assessments.
The lack of coordination and communication was further reflected in the provision of resources, causing confusion and uncertainty with both first responders and residents. For example, residents were initially informed that distribution of food parcels would be centred at the Council building, however, upon arrival people were instructed that the food parcels had moved to an area located on top of the peninsula. When people arrived to inquire after the promised food parcels they were redirected to the Marae, yet the Marae also did not have them. The food had been donated by the Navy and delivered by the HMS Canterbury. Due to a lack of coordination and inconsistent information, no staff had been allocated to organise the distribution or notified of its location. Eventually, Red Cross volunteers moved the food parcels to the government response centre and managed the operations.

Sharing information was essential to coordinate an effective response, prevent the replication of services and identify vulnerable residents. Privacy and confidentiality are fundamental to ethical social work practice, however, in times of crisis and disaster response, seeking permission from everyone to share information across services cannot always be sought. Information remains vital to deliver an appropriate and adequate service, and social workers need to use their discretion to make decisions on how much information needs to be shared and with whom. In the case of Kaikōura, cross referencing rapid needs-assessments with the existing medical centre data was vital to identify who had been missed and medical needs that had been overlooked.

3.3.2 Practice approaches
To coordinate an effective response, a comprehensive understanding of services and resources that can be mobilized is important. Social workers are taught how to integrate ecological systems theory into their practice to identify and map out resources and other useful systems. At a micro level, each individual has their own agency, strengths, resources and knowledge that can be drawn upon to address their own needs during response and recovery phases. At a meso level, local communities contain resources and skills that can be harnessed to support one another. This was seen in Kaikōura where the local primary school sports fields proved to be as an accessible, safe and stable environment to operate a car parking facility for first responders. And at a macro level, there are often multiple non-government organisations and government agencies that respond to disasters such as the Airforce providing air transport in and out of hard-to-reach areas to enable the distribution of food and airlifting injured people to medical care. By understanding the skills, resources and services available across each systems level, Bronwyn was able to collaborate and coordinate responses to address identified needs.

For example, this knowledge proved essential to support a distressed resident who sought help at the Council building. The resident’s partner had been relocated to Christchurch to have sutures put into a laceration on his arm. Because of his history of mental health
challenges, he had been moved to a respite facility in Christchurch rather than transported back to Kaikōura to be with his partner. This caused significant distress to both parties, however, Bronwyn was able to contact the helicopter operators and the respite facility and arranged to have him transported back to the region later that day. This example highlights how the ability to develop a relationship in a time of stress and ask appropriate questions to understand individual circumstances and needs was invaluable at a micro level, but also how a knowledge of operating services at a macro level was essential to manage the situation and find an appropriate solution.

3.3.3 Lessons learned

Communities are resilient and pull together in times of need. Kaikōura is a close community that was able to work together and use their own resources to look after one another. This was noticeable in the effective role of the Māori iwi/tribe Ngai Tahu and the local Marae providing shelter and food to anyone in the area. Ngai Tahu also flew in navigators to be based at the Marae, taking a proactive approach to supporting the community. Run by volunteers, the Marae was an excellent example of strong organisation, community resilience and “manaakitanga at its best”.

Bronwyn found her local networks and intimate knowledge of the community a strength in her role during the earthquake response stating, “I have got enough links into the community up there that if I needed to see someone I can.” Despite the disorganisation Bronwyn observed, her existing relationships were central to her ability to access information and collaborate across agencies to identify people and areas that had been overlooked during the assessment phase. In a time of crisis, communication and information sharing is necessary to prevent the replication of services and ensure appropriate assessment and intervention processes. No single organisation is positioned to respond to every need identified, however, through collaboration, delegation and sharing of resources, more can be achieved in a timely manner. This was particularly important in terms of logistics and the movement of volunteers to provide practical support to isolated residents.

As Bronwyn noted there is no step-by-step handbook to guide professionals through an emergency response. Social workers can, however, draw on their training and experience and transfer knowledge, skills and capabilities into the disaster context. Taking a pragmatic response to the situation and realising that usual protocols and processes may not be relevant or necessary to address immediate individual or community needs is also important.

3.4 Graham Allen – Social Worker

When the Kaikōura earthquake struck, Graham was employed with the specialist mental health service, a division of the Canterbury District Health Board (CDHB). This agency was involved in the immediate response following the earthquake as CDHB’s remit includes
North Canterbury. Regularly rotating teams were flown into Kaikōura to provide psychosocial support in affected areas across the region. Graham was part of the third deployment of staff, flown in two weeks after the initial quake and was rostered for one week each month for a total of 12 months.

Upon arriving the first time in Kaikōura, Graham was initially placed with a logistics team to assist with the transport of food from arriving ships and helicopters to the Kaikōura healthcare centre. Graham was then reassigned to a psychosocial support team based out of the healthcare centre, predominantly working with self-referred clients who resided across the North Canterbury region. Disaster responders including the local civil defence, Red Cross and all healthcare professionals were encouraged to recommend residents attend the healthcare centre for walk-in appointments to talk about their experiences. Those living in rural areas could also access the service by phone and workers travelled outside of Kaikōura to attend satellite clinics and home visits.

When damaged roads prevented ground transport, Graham partnered with a general practitioner and nurse, using helicopters to reach rural areas where they established makeshift clinics out of people’s homes and caravans. Once roads were opened, Graham drove from Christchurch to Kaikōura, stopping in small villages and visiting homes where referrals had been made. Two days a week were spent at the healthcare centre in Kaikōura before driving down the east coast to provide services in other townships. This mobility meant residents in rural areas that lacked health centres or sufficient provision for psychosocial support could still access needed services without having to travel. The service offered sessions for people to work through any distress or worry they had about their experiences or situation. A particularly prominent group was mothers with dependent children trying to manage safety and separation anxieties in response to the risk of future earthquakes.

3.4.1 Challenges
A key challenge during the recovery phase was the social isolation of residents. Following a disaster event, people are at risk of withdrawing from existing social networks and support services, not wanting to re-live their trauma or repeatedly express negative news to friends and family. When isolated, people can begin to focus more on their disappointment and distress and consequently spiral into negative thought patterns. Graham found many older residents were reluctant to ask for help, with long-standing stoic attitudes preventing them from accessing available supports. Therefore, post-disaster it was important to encourage strong community connections and the maintenance of relationships while ensuring support services were visible and easily accessible.

Many residents in North Canterbury had relocated to the region due to the affordability of housing. Unemployment and drug and alcohol addiction rates in rural areas were high, and
the Kaikōura earthquake exposed how affected people were often managing multiple stressors. A disaster can be a tipping point and amplify such struggles. Many residents also had prior experience of a disaster, having survived the 2010 and 2011 Christchurch earthquakes. Being vulnerable, stressed and in the middle of chaos can trigger unresolved trauma from previous disasters, emphasising the importance of the provision of psychosocial support in response and recovery efforts.

Following the earthquake, health professionals and disaster response experts were brought in from outside of the region to support the response and recovery efforts. However, many local services were uncertain and hesitant about the involvement of outside organisations because they were perceived as thinking they held greater authority, education and resourcing. It is important that workers from outside of the local communities assure local services and staff of their role in supporting existing services to meet excess demand. Relationship-building skills are thereby essential to allay perceived concerns and to enable effective collaborative relationships.

3.4.2 Practice approaches
Graham employed relationship-building skills and often utilised cognitive behavioural practice in his work following the earthquake. Working with highly stressed vulnerable people in disempowered or compromised positions often requires the use of de-escalation skills before establishing a clear understanding of need or exploring solutions. Reflecting and rephrasing how someone is feeling, what they have said or what they are experiencing, as well as showing empathy and checking one’s understanding of information are important skills social workers adopt when working with people in highly stressed, traumatic circumstances. Reassuring people that their experience is normal, and that their feelings and reactions are valid helps to put them at ease.

During disaster recovery, the tenets of cognitive behavioural therapy can be effectively integrated into psychosocial support. Although a disaster is beyond an individual’s control, they can be supported to learn to control how they feel and respond to it. Exploring how attitudes and thoughts shape behaviours and feelings can help raise awareness of personal agency and how an individual can more effectively cope and respond. Although not appropriate for everyone, introducing the basic principles of this type of therapy can be empowering for people to gain some control over their situation in times of disaster.

3.4.3 Lessons learned
Following a disaster, it is common for people to be concerned about being forgotten or overlooked in response and recovery efforts. Although Graham was only meeting with people once or twice, he found a follow-up phone call a month after meeting with his clients was an important gesture of affirmation, and assured people that they had not been forgotten. Graham could then make referrals if people felt that their circumstances were
not improving or were getting worse. Additionally, operating on a simple self-referral process to access psychosocial support proved vital to reach residents who felt like they weren’t coping and were perhaps unsure of how and where to receive support.

Kaikōura and the settlements across North Canterbury are small tight-knit communities. Reflecting upon his role as a social worker coming from outside the immediate community, Graham found it was important to have both local and external professionals providing psychosocial support, as some residents were uncomfortable sharing their experiences and worries with someone they may see at the local bowling club, grocery store or pub. Social workers and other professionals who lived outside of the local community were considered neutral and this reduced anxieties about having personal issues discussed in the community or being under surveillance.

3.5 Recommendations
When reflecting upon their experiences of responding to the aftermath of the Kaikōura earthquake, both participants recommended an increased presence of social workers in disaster response organisations such as Red Cross, The National Emergency Management Agency and the local civil defence. The broad range of skills social workers develop in their training are transferable and can be harnessed across contexts to support people in a multitude of situations. In the case of the Kaikōura earthquake, Red Cross mobilised many volunteers to complete rapid assessments, however, the skills, critical perspectives, local and regional knowledge, relationships and networks that social workers bring are particularly important for effective triaging, planning and decision-making once rapid assessments are completed. Further registered social workers are police vetted and the majority have also been screened as Children’s Workers, thus emphasising their trustworthiness.

Responders also need to be adaptable and resilient. Before volunteering to enter a disaster zone, social workers and other professionals need to have confidence in their abilities, as policies and procedures are not always present and basic needs cannot always be met. For example, Graham was advised to source his own sleeping bag, tent and food before entering the disaster zone in order to be equipped to support himself if needed. He also noted how responders can develop their own problems when being exposed to devastating situations and working in high stress, chaotic environments. Therefore, it is recommended that responders, including social workers, be robust and realistic about the environment they are entering, as disaster response and recovery work is not suited for everybody. A further recommendation was that having a national register of social workers willing to engage in response and recovery efforts held by the relevant professional association, in this instance, the Aotearoa New Zealand Association of Social Workers, could be a valuable resource for local civil defence groups after a disaster event occurs.
4.1 Discussion

Social workers are well positioned to champion work in the disaster management space as they generally have extensive knowledge of the community, resources, and services that can be harnessed to enable response and recovery efforts. Further, their location in a broad range of government and non-government organisations, including those tasked as first responders such as hospitals, means they can also be included in planning and preparation efforts (Munford & O’Donoghue, 2019). In New Zealand, however, this involvement appears to be patchy at best (Author, 2021) and more deliberate inclusion of the social work profession in disaster management practices is necessary.

Ecological theory provides a useful theoretical construct for situating social workers in the domain of disaster management practice. This approach emphasises “a collaborative, community-oriented approach that fosters social and environmental justice and sustainability” (Alston et al., 2019, p.65). At a micro level, the experiences of Bronwyn and Graham highlight the importance of psychosocial support for individuals’ post-disaster and the need for this to be integrated into response and recovery plans. The ability to rapidly build relationships, ask the right questions for accurate information, and harness a strengths perspective to empower individuals to draw upon their existing capabilities is essential in times of crisis, resource scarcity, and short-term intervention (Tan & Yuen, 2013; van Heugten, 2014). This is especially so for responders who relocate to the disaster location following an event. Social workers receive generalist training and then develop specialist knowledge in key areas such as mental health, family violence, youth work and working with older persons. Given the complexities of trauma and the potential for existing underlying or invisible challenges that exacerbate an individual’s current situation following a disaster, the case studies emphasise the importance of psychosocial support being delivered by trained and experienced professionals, rather than relying exclusively on volunteers (van Heugten, 2014). In this level of ecological systems theory there are clear links to the value of social workers being engaged in the response and recovery phases of disaster management.

At a meso level, identifying and visiting smaller settlements outside of the main centre was essential to ensure accessibility of services after the Kaikōura earthquake. Living in a largely rural region, some of Graham’s service users had anxiety over being forgotten or left behind. An extensive knowledge of rural and remote communities prevents smaller communities being overlooked both in disaster preparedness planning and in the response and recovery stages of disaster management (Alston et al., 2019). Encouraging the continuation of community connections is also vital to break down social isolation as individuals maintain strength through relationships which need to be supported and sustained (Tan & Yuen, 2013). As explored by Vallance & Carlton (2015), diverse community groups and non-government organisations are active contributors to disaster response and recovery, being both “first to respond, last to leave” (p. 34). Initiatives can range from food provision and debris clearing, to counselling and advocacy, as well as one-off events such as...
workshops and protests (Pyles, 2007; Vallance & Carlton, 2015). In the case of the Kaikōura earthquake, Bronwyn’s local networks and intimate knowledge of the community was an asset. Despite the initial disorganization Bronwyn experienced as a first responder, her existing relationships were central to her ability to access information, mobilise resources and enhance collaboration as seen through her work connecting the Red Cross assessments with the medical centre to develop a robust system that could identify people or areas that had been overlooked during the initial home visits. Social workers thereby have valuable knowledge and skills that can be utilised in the readiness, as well as response and recovery phases of disaster management at this meso level of ecological theory.

At a macro level, the importance of intimate local knowledge is further emphasised, as responders must be cognisant of inequalities that can be exacerbated through the event of disasters (Alston et al., 2019). A key task in the readiness phase of disaster management is to identify areas of high need, recognising that not everyone has the means to prepare for a disaster (Blake et al., 2017). Social policy affects all facets of life including housing, income support and healthcare, and the advent of a disaster can highlight existing inequalities especially for people in low-income households. Given social workers are frequently engaged with people who may be considered to have high needs, it seems sensible that they are more actively utilised in the readiness as well as response and recovery phases. As noted, many of Graham’s clients had relocated to rural areas due to housing affordability however, their limited incomes affected their ability to travel and access necessary support post-disaster. Social justice and human rights underpin social work practice and so social workers are committed to advocating for individual and community needs (Alston et al., 2019). Importantly, social workers also endeavour to affect social change through policy development at local and government levels. Some social workers are involved in disaster planning and preparation in their professional roles, especially in hospitals, however, the limited knowledge of social work skills and capabilities by disaster management professionals, such as local emergency management agencies, may restrict their capacity to fully contribute (Author, 2021). Strengthening relationships between national emergency management organisations and professional bodies could enhance the future involvement of social workers at all stages of disaster management. This would augment current disaster management planning and preparation as well as future psychosocial interventions with individuals, advocacy and networking with communities, and interdisciplinary practice with other responders.

5.1 Conclusion

Social workers are well-positioned to meaningfully engage in disaster risk reduction, support individuals and communities to prepare for disasters, and also to respond to the complexities that arise from both human-made and natural disasters. Their professional roles within communities, often working with the most vulnerable members of society, means they can effectively connect with organisations engaged in disaster management as
well as people affected by disaster. Although local responders have a pivotal role following a disaster, the inclusion of external responders can aid in reducing the immediate and long-term impact on professionals, individuals, and communities by easing workloads and providing alternative support. This approach increases the accessibility of services and enables identified needs to be met. Social workers are trained in psychosocial and other models of practice, advocacy, policy writing and community development, all of which can usefully contribute to the four stages of disaster management. Utilisation of these capabilities is however currently limited and strengthening of local and national relationships between the social work profession and key disaster management organisations is recommended.

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