

Women's leadership and a community 'saving itself': Learning from disasters

Health and well-being impacts of the Northern Rivers Flood 2022



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We also acknowledge the expertise
provided by our colleague Dr Jaquie
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Suggested citation

Foote, Wendy L, Alston, Margaret, Betts,
David and McEwan, Tracy (2024) Women's
leadership and a community 'saving itself':
learning from disasters, health and well-
being impacts of the Northern Rivers flood
2022 (Version 1.2). University of
Newcastle. DOI
<http://dx.doi.org/10.25817/0ekg-2e83>

Funding

UoN SDG grants.

Photography

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Cautionary note

This report may be traumatising for some
readers. It draws on the experiences of
women, who in spite of overwhelming fear
and perilous circumstances had to keep
themselves, their families and children in
their care safe. In the chaotic period after
the floods receded, they worked to bring
about order, to create processes to
support certainty, community care and
healing. For those who experienced the
flood, the pictures and quotes from those
who lived through it may remind you of
your experience.

Acknowledgements

We acknowledge the brave women, men
and children who survived the catastrophic
Northern Rivers floods and who gave us
their time to discuss their experiences. The
narrative of the flood is a story of
incredible survival, self-sacrifice,
volunteering and collective struggle.

This research publication was prepared
and published on Awabakal lands. We pay
our respects to Elders past and present
and acknowledge that the lands on which
we work remain unceded.

We also acknowledge the traditional
owners of the land where the flood
occurred - the Bundjalung of Lismore, the
Widjabul Wia-bal, and the Bandjalang clan
and the Galibal.



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ISBN 978-0-7259-0221-6

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2. Executive summary

... when the donations start to pour into communities, and it starts to become about folding the clothes. Well ... we know who folds the clothes in this community. (Participant 21, FG 3)

Failure of government and a community saving itself

Participants in this study all lived through the floods and witnessed government agencies failing to respond adequately to the crisis. In this environment, community members spontaneously worked together to save lives and to manage the aftermath of the floods. These actions can be characterised literally as the community 'saving itself'.

The widespread devastation of the physical environment included the loss of livestock, native animals, and the loss of over 4,000 homes and property. This and ongoing unsafe living conditions resulted in flood trauma at an individual, family and community level. Whether people had been rescued in the flood waters, lost their homes, or lived above the flood level and escaped the worst of the devastation, there was a community wide experience of trauma and associated mental health impacts.

Gendered Health and well being

The support provided through the establishment of evacuation centres was critical to establishing shelter, however, participants described unmanaged risks. An absence of triaging to create discrete sections resulted in women and children sharing spaces with domestic violence perpetrators, sex offenders and those withdrawing from addictions. Participants reported gender-based violence and sexual assaults resulting in pregnancies. The lack of access to pharmacies or contraception and inaccessible abortion services were noted as a problem.

Gendered nature of helping and leadership

Men were more visible in the initial rescuing people from their houses and battling the flood waters in the 'tinny army' of small boats. Women were prominent in their spontaneous organising, and the activation of a volunteer workforce that continued working for months after the crisis. The women-led organising was both sophisticated and valuable to the community.

Several community hubs were set up in remote locations and in town centres. This included an Indigenous hub in Lismore. In addition, a social media response, the *Resilient Lismore* Facebook group, (first established in the 2017 flood), was re-activated and provided critical information throughout the crisis and afterward. *Resilient Lismore* and local hubs identified those who needed help or rescue, and after the crisis organised delivery and distribution of provisions, clothes, and goods. The inclusive nature of the hubs resulted in non-binary, older people, white, and First Nations people feeling welcome.

In addition, people described feeling relief and purpose in their participation as volunteers or being able to use the hubs. The phenomenon of collective experience of community trauma from the flood, was also reflected in how people began their psychological journey towards recovery, by 'doing stuff together'.



Figure 1: Flood waters, Lismore 2022. © [Elise Derwin](#). Reproduced with permission.

2.1. Lessons for social work and human service professionals

Dual roles

Social worker and human service professionals were employed across casework and trauma counselling, mental health counselling, out of home care and domestic violence domains. These professionals included CEOs, managers, and direct service providers. They continued to work during the disaster and in the post-disaster period. These professionals provided services to clients while simultaneously dealing with their own flood experiences.

Social work training and preparedness

Exemplars in responding to the disaster can be used to inform tertiary and vocational training. The community hubs and *Resilient Lismore* operated in ways that were aligned to social work practice approaches that are participatory, strengths based, culturally informed and de-colonising. The principles of inclusion, trauma informed responses and cultural competence were identified in the community response.

Leadership

Leadership skills are necessary for social work and human services in responding to the disaster. Women identified times when they had to speak out and challenge men who held positions of formal authority, as well as working with groups to solve problems collaboratively. The leadership style demonstrated by women was used to develop collective responses that benefited the community.

Culture and leadership

Indigenous leadership included sharing deep knowledge related to the experience of trauma, and communal processes of caring for the community and community healing. Inclusivity, clear organisation, and community focus were key elements. Skilled practitioners in the community articulated and led Indigenous trauma informed healing methods. These are critical elements in a social work disaster response, and provide examples of collaborative, participatory and trauma informed methods of engaging with community knowledge holders.

2.2. Key recommendations

Any response by government or community must prioritise/support:

- 1.** the safety needs of vulnerable populations, including women and children, at all phases of disaster preparedness and post disaster responses;
- 2.** establishing triage systems to identify and respond to specific gender needs, including the provision of separate rooms for women and children in evacuation centres;
- 3.** access to health services as a priority for vulnerable populations during and immediately after a disaster;
- 4.** engaging women from the community in all phases of disaster preparedness and post disaster responses;
- 5.** the use of Indigenous frameworks in collective, community-based trauma informed responses;
- 6.** collaboration with and acknowledgment of community-based responses to disasters particularly those led by women that are essential services for the community's safety;
- 7.** funding of essential disaster related work undertaken by volunteer and community organisations; and
- 8.** inclusivity in providing opportunities for community members to both receive help and contribute to community healing activities.

Social work and helping profession educators/employers must prioritise/support:

- 1.** the use of strength-based approaches at both an individual and community levels, informed by Indigenous ways of knowing and being in trauma-based responses;
- 2.** ensuring that helping professionals are supported if in a dual identity role: responsible for the care of vulnerable people as well as being survivors themselves of a disaster; and
- 3.** ensuring managers of helping professionals recognise the stress of these roles and provide appropriate support and relief.

3. Introduction

The research shared in this report was conducted nine months after the February 2022 flood event that impacted the Northern Rivers of New South Wales. It supports the themes of good health and wellbeing, and gender equality, two of the United Nations Sustainability Goals (United Nations, 2015).

The researchers undertook focus groups and interviews with local women affected by the floods, with the aim of understanding the gendered impacts and the effects of the disaster on the health and wellbeing of residents.

The flood disaster covered an extensive area and included eighteen small towns and settlements and one major urban centre – the town of Lismore. Lismore lies on the confluence of the Wilsons River (a tributary of the Richmond River) and Leycester Creek (see Figure 2). This, and other townships such as Woodburn, Wardell, Cabbage Tree Island, Coraki, The Channon, and Ballina were impacted by unprecedented flooding that exceeded the previous record levels of 2017. In the face of this devastation, established emergency services were neither prepared for, nor able, to effectively organise and mount early warnings or rescues in the lead up to and in the immediate crisis phase. In fact, the first general warning only occurred on 26 February 2022, approximately two days before the worst flood levels on record impacted an area with a population of 31,000 people. Electricity and communication channels were lost, and a failure of government preparedness, planning, and response limited emergency service responses.

Women were affected in the immediacy of the floods and needed assistance, including safety for themselves and their children, housing, and support. Women were also deeply engaged in providing assistance to their communities, and, for some, social work services, to devastated community members. There was no clear division between those who were affected and those who offered help. Everyone living in the area was experiencing a major flooding event that profoundly changed their environment and community. As one participant noted ‘we are all affected’. During our research, we discovered instances of strategic leadership dominated by women during and after the flood. This leadership was often in online spaces through the consistent use of social media and in the creation of hubs in locations that survivors could access.

In focus groups and interviews with residents of the Lismore community conducted from November 2022 to January 2023, we were made aware of the human cost of this disaster. Critical factors to emerge included the loss of lives, the impacts on the health and wellbeing of residents, extensive and ongoing trauma, a rise in homelessness, significant issues emerging within the evacuation centres, and a failure of government before, during, and after the disaster. We found significant stresses arose from the dual identities of those in positions of care and responsibility for others. In addition to serving their community, either in a voluntary or professional role, these women needed to survive themselves, so felt a deep commitment

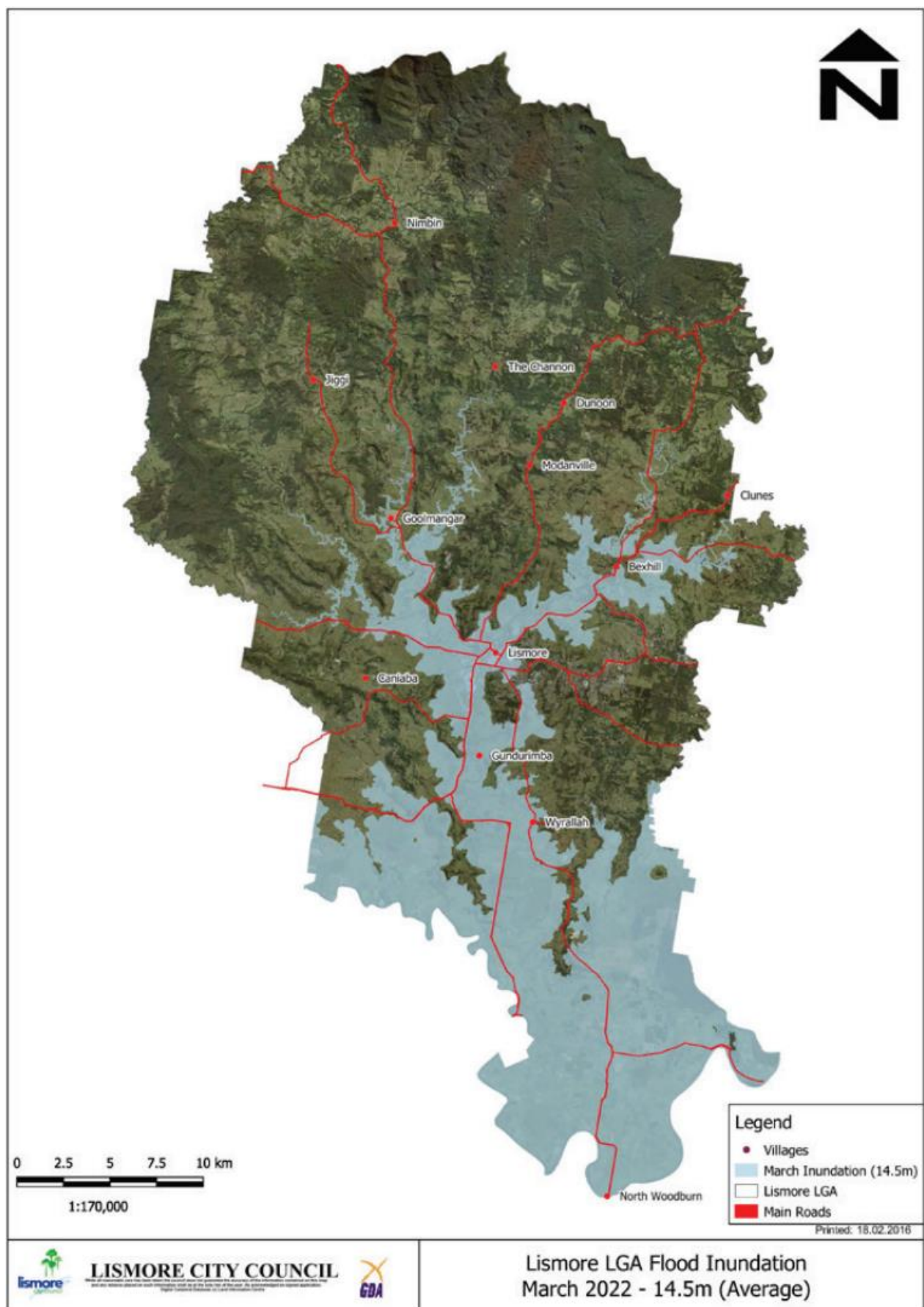


Figure 2: Lismore LGA Flood Inundation, March 2022 (Lismore City Council 2022).

to providing vital information and care for others.

The local Member of Parliament, Janelle Saffin pushed for recognition of the government failure, and as a result, the NSW Parliament established an Inquiry into:

- the preparation, coordination, and response to the floods by the Government
- the role, composition, and resource allocations of the government bodies responsible for disaster responses (Resilience NSW, the NSW State Emergency Service, and other relevant Government agencies)
- the coordination between the State and Federal Governments and their departments and agencies as well as local governments, private sector operators and the community, including requests or offers of assistance
- public communication, systems, and strategies
- the implementation of recommendations from inquiries into previous natural disasters; and the overall effectiveness of the flood response.

The NSW Parliament committee began its work in April 2022 and delivered its report by August 2022.

In this report we extrapolate on these findings. We present the words of our participants to indicate the extent of the trauma in the affected communities, the gendered impacts that flowed from the devastation and the failure of governments to act appropriately. Our research indicates the need for a much more critical and immediate response to disasters including disaster preparedness, appropriate government responses, and a more effective post-disaster coordinated plan. This must draw on the local knowledge and expertise of the community and support women in their various roles as mothers and carers of family members, survivors of domestic violence, senior residents, and women in need of care. Importantly, the valuable role that women stepped into, of leadership and organising, includes culturally sophisticated and inclusive community approaches. The report uses the terms Indigenous, First Nations and Aboriginal interchangeably.

4. Background: Literature review

This review of literature provides background to this study and context to the information provided by research participants. It is limited to key areas that provide the immediate context of this research, focusing on major findings in disasters and extreme weather events both nationally and internationally. It begins with the main findings of the NSW Flood Inquiry on the economic and social impacts of floods (NSW Parliament, 2022). Evidence relating to mental health, health and wellbeing impacts and gendered experiences in disasters are included. Results relating to the impact of culture in responding to and managing disasters are relevant as are the experiences of Indigenous communities in managing COVID 19 and trauma. Lastly, of significance are the themes of community engagement and the critical role of communications in extreme weather events are explored.

4.1. Government response to the Northern Rivers flood (March 2022)

In the aftermath of the Northern Rivers flood (March 2022) the NSW Flood Inquiry was established to examine and report on the causes of, response to, and overall preparedness for, the catastrophic flood events that occurred in early 2022 (NSW Parliament, 2022). The Inquiry report made a total of twenty-eight recommendations for change, while highlighting areas of concern within the organisational, structural and community responses to the flood. Highlights of the inquiry are presented below.

The NSW Flood Inquiry report found that NSW faces persistent flood risk due to its flood-prone nature and population concentration in floodplains. However, identifying flood trends is complex due to multiple factors at play and made more difficult to predict with the impact of climate change. Heavy rainfall is expected to become even more intense as the climate warms, for example, leading to higher chances of flash flooding and coastal inundation due to rising sea levels (NSW Parliament, 2022).

In February 2022, the north-east of NSW experienced its wettest week since 1990, leading to significant flood levels. Compounding disasters in the lead-up to the weather event, including 2019-20 fires and 2021 floods, exacerbated by the ongoing COVID-19 pandemic, intensified the impact, highlighting the need for improved disaster preparedness and resilience, particularly in flood-prone areas.

The NSW Flood Inquiry report found deficiencies in the operational response to the floods. The NSW State Emergency Services (SES) did not effectively utilise available resources or follow established emergency management arrangements. This failure was partly due to inadequate training and exercising among combat and relevant government agencies, resulting in confusion over roles and responsibilities (NSW Parliament, 2022). Past disasters have seen senior police take the lead in disaster management, regardless of the combat agency.

Further shortcomings in the flood rescue operations were revealed in the NSW Flood Inquiry report: the NSW State Rescue Policy was not followed, leading to ineffective coordination; The SES lacked the capacity to manage multiple flood rescues; the Beacon deployment system faced overwhelming demand, causing system failures, and leading to unactioned calls; Triple Zero (000) calls directed to the SES went unanswered. In addition, unlike other rescue types coordinated by the NSW Police Force, flood rescue lacked coordination. The report deemed this differentiation unwarranted, finding no strong rationale for treating flood rescue differently (NSW Parliament, 2022).

The NSW Flood Inquiry report emphasised the potential of community-led initiatives, supported by government grants, to serve as effective 'first responders.' This includes establishing and managing evacuation and recovery centres, providing psychological first aid, and protecting life and property (NSW Parliament, 2022). Similarly, effective public messaging before and during disasters is crucial for NSW Government. Clear, consistent, and comprehensive communication should encompass all aspects of risk: vulnerability, capacity, exposure, and hazard characteristics. Such messaging empowers the community to make informed decisions, including early evacuations (NSW Parliament, 2022). The report also notes the lack of research into the mental health effects of consecutive disasters or compound events. This gap should be addressed to better understand their impact on individual and community mental health and resilience (NSW Parliament, 2022).

4.2. Contextual flood impacts

A series of studies have explored the ongoing impacts of flooding in the north-eastern region of NSW. Rolfe et al. (2020) explore the vulnerability of populations within flood-affected areas of northern NSW, Australia. By integrating flood-affected maps, census data, and individual-level information, the authors highlight the vulnerability of populations exposed to significant river floods. They note a concentrated vulnerability in the Lismore Town Centre flood footprint, particularly within socio-economically disadvantaged neighbourhoods. This microcosm of vulnerability accentuates elevated rates of risky behaviours, mental health challenges, and overall poorer well-being. They found efficient disaster planning and responsive strategies require an in-depth comprehension of affected populations. Matthews et al. (2020), focusing on the levels and impact of social capital in the Northern Rivers after the 2017 flood event, found social capital, in the form of informal social connectedness and belonging were, associated with reduced risk of psychological distress for all the community. Singh-Peterson and Lawrence (2014) focus on the aftermath of natural disasters, specifically investigating food retailers in Northern NSW. Their study shows the cascading effects of climate change on food supply and distribution, particularly within the context of community vulnerability and resilience. Bailie et al. (2022), identified specific vulnerabilities of people living with disabilities and their carers who were living in flood prone areas, including difficulties in reaching them. The research notes the necessity of gleaning insights directly from those grappling with the repercussions of climate-induced disruptions, such as flood events.

4.3. Mental health and wellbeing

Recent research has shown mental health and wellbeing impacts have been found to be one of the predictable impacts of disasters (Patel & Hardy, 2020; Watson et al., 2014). However, Patel and Hardy (2020) note that the impact is not equitable, with those with pre-existing conditions and vulnerabilities experiencing a magnified impact. In addition, there are links between poverty and mental health/ psychological distress such that among the poorest Australians, one in four people have high to very high levels of psychological distress, compared with about one in twenty among the richest one-fifth Australians (NCOSS, 2023). Watson et al. (2014) reported groups most at risk of on-going psychological distress including ethnic minorities, women caring for children, socially disadvantaged and especially vulnerable older people, those with few psychosocial resources and/or a psychiatric histories and people with limited ability to cope by assigning blame. Furthermore, Molyneaux et al. (2019) found a connection between post-disaster violence and severe post-traumatic stress disorder and depression symptoms.

4.4. Gender

There is now irrefutable evidence emerging from disaster sites across the world that gender is a significant factor in the immediate disaster experience (Alston, in press). Women are more vulnerable following disasters and are more likely than men to be supporting children and family members, to experience violence, and have higher mortality and morbidity rates. Enarson (2012) for example, reported overcrowded shelters in New Orleans were the sites of sexual harassment. Alston (2015) reported an increase in gendered violence, including trafficking, being experienced by women and young girls in disasters. These had multiple serious impacts including, forced marriages and early pregnancy. An increase in the rates of violence against women, in the aftermath of disasters, has been established as a consistent finding (Alston, 2015; Parkinson & Zara, 2013). Notably, while there is often a drop of income following a disaster, this is experienced at the same time there is an escalation of risk of experiencing violence among women (Molyneaux et al., 2019). Patel and Hardy (2020) note the intersection of culture and gender in disasters, and identify gendered impacts, including risk, labour, and violence.

Despite the risks faced by women in disaster settings, there is increasing anecdotal evidence of women stepping in and providing leadership in post-disaster community roles. For example, women are typically involved in supporting the vulnerable in their communities, providing services, and often working in an unpaid capacity to ensure that their community survives. For example, the *Firefoxes* are a group of women who marshalled support for their communities following the Black Saturday bushfires in Victoria, Australia (FIREFOXES Australia, 2023).

4.5. Indigenous experiences of disasters

Both in Australia and other communities of colonised Indigenous populations, the compounding impact of disasters on existing complex post-traumatic stress, complex trauma and historical trauma are magnified by disaster (Heris et al., 2022). In Australia inequities

suffered by First Nations communities are the most significant in the world (WHO, 2008), as the impact of colonisation continues to have profound health and wellbeing impacts. The impact of disasters exacerbates existing vulnerabilities and health risks. Connection to family and community has a protective effect for Indigenous communities in Australia (Lowitja Institute, 2021). However, these important family and community connections are disrupted during disasters, as they were during COVID 19, with the outcome of a detriment to wellbeing (Kennedy et al., 2022).

In Australia, leadership within Aboriginal communities has been credited for early identification of health risk and decision making to minimise the negative impacts of disasters and emergencies such as COVID 19 (Crooks et al., 2021). Heris et al. (2022), found in a systematic review of 40 studies of public health emergency approaches around the globe, key elements for minimising the impact of compounding trauma on First Nations peoples was a trauma informed, culturally responsive, public health emergency framework. The framework included six principles: safety, empowerment, holistic support, connectedness and collaboration, compassion and caring, and trust and transparent multilevel responses, well-functioning social systems, and provision of basic services (Heris et al., 2022). Enablers of these principles were identified as leadership, communication, cultural responsiveness, and commitment to equity (Heris et al., 2022). Atkinson and Atkinson (2017) point to the layered nature of generational trauma in First Nations communities, emanating from profound historical injustices. This socio/historical context is suited to a community development approach that 'provide opportunities for people to come together and rebuild bonds, within families and across communities' (p. 111). Atkinson (2002) identifies six steps to trauma healing that include community processing events that include the collecting and sharing of experiences of trauma and hope in making sense of multiple trauma experience and knowledge as well as 'the use of ritual to move through layers of grief to acceptance and ownership', a process that 'transforms pain into healing' (cited in Atkinson & Atkinson 2017, pp. 112-113). Bell et al. (2019), in their discussion about the emerging role of social work in disasters, suggest the use of transformative approaches that include co-design, local community engagement and de-colonisation of the profession, as well as the application of findings to social work education.

4.6. Community engagement and resilience

Community engagement has an identified role in the collective responses to the risk of disaster. Madsen and O'Mullan (2016) explore the concept of community resilience in a flood-affected Australian town. Key concepts such as social connectedness and learning from adversity emerged from their research, highlighting the significance of social capital for building resilience. The study underscores that the foundation of resilience must be laid long before disaster strikes, necessitating prolonged community development efforts. Despite lower social capital levels among marginalised groups, informal connections and a sense of belonging were shown to mitigate psychological distress. The study stresses the co-design of strategies

addressing marginalised communities' multifaceted needs, fostering resilience, and equitable preparedness for the entire community.

Ross et al. (2015) presents a participatory systems approach aimed at comprehending climate adaptation needs. Through engagement methods like 'climate roundtables,' communities and stakeholders collaborate to recognise climate impacts, leading to localised empowerment for future adaptation. Applied in Moreton Bay, in Queensland Australia, the study reveals principles that can be adapted for diverse contexts, enhancing local resilience. The participatory process proved effective as a way of building local empathy, a local knowledge base and empowering participants to join towards future climate adaptation action, demonstrating the importance of investigating similar strategies in other disaster-prone areas.

Howard et al. (2015) shed light on the pivotal role of older individuals in disaster preparedness, response, and recovery. Often overlooked, older individuals foster informal networks crucial for disaster resilience. Contributions span experience, relationship-building, resource-sharing, and support, suggesting their integration into community-based strategies for enhanced disaster preparedness should be investigated in future community intervention strategies.

4.7. Communication

Communication has been established to be a critical factor throughout the phases of extreme weather events and disasters. McMartin et al. (2017) focus on the challenges of community response and engagement during extreme weather events. Focusing on Australia and Canada, the study asserts that technology alone cannot address water management complexities in extreme conditions. Community engagement, personal responsibility, and an empowerment model are emphasised for effective mitigation of extreme events. The research suggests reframing communication to foster sustainable engagement and empowerment in planning and mitigation processes.

Anderson et al. (2018) highlight the media's role in shaping crisis responses and how ideological conflicts influence the media-policy nexus – highlighting the need for future research and intervention to include cultural and structural systems that present and frame discourses around disaster experiences and responses.

Howes et al. (2014) advocate for an integrated approach to disaster risk management (DRM) and climate change adaptation (CCA) in Australia. They propose five reforms to enhance interagency communication and collaboration: shared policy vision, multi-level planning, integrated legislation, networking organisations, and cooperative funding. Howes et al. (2014) underscore the elements of incremental changes, community engagement, political will, and bipartisan consensus as vital for successful implementation.

4.8. Social work

Social workers, as a key professional group within the helping professions, are well placed to assist in the development of policy and practice efforts aimed at building resilience in

communities impacted by disasters. Social work, as an internationally recognised profession, has a key role in responding to individuals and communities that experience environmental and personal trauma, adversity, and disadvantage. Social work analysis and practice related to the current challenges from the global environmental crisis (Dominelli, 2012), notes the worst impacts of which will be on vulnerable populations. Dominelli (2012) has laid out a 'greening' of social work, and there has been increasing research into the role of social work in responding to disasters and extreme weather events (Alston et al., 2019). New ways of theorising social work with vulnerable populations in this Anthropocene epoch have been emerging as social work theorists, researchers and practitioners have proposed fundamental shifts in the precepts of social work practice, ontology, and ethics (Boetto, 2017). Boetto (2018) has proposed the sustainability of the physical environment has become a central concern to the profession and the five levels of personal, individual group, community and structural are used in the re-conceptualisation for transformative action in social work.

As a profession social work has also been dealing with the uncomfortable reality that its history includes collusion with and enforcement of racist, oppressive policies born of and promulgated by colonisation (Green & Bauldry, 2013). The de-colonisation discourse has also resulted in foundational ontological shifts. Bennett and Gates (2021) have challenged the profession to continue the process of de-colonisation, in teaching, research and practice. Importantly de-colonisation means giving primacy to Indigenous knowledge, and ways of knowing and being and working in ways that are reciprocal, respectful, and foster transparent relationships with Aboriginal and Torres Strait Islander communities (Bennett et al., 2018).

Social workers work in a broad range of organisations, that deal with the front line of public some of which have designated responsibilities in times of disasters, such as federal government (Department of Social Services) and state government departments (Department of Communities and Justice). Social workers also work in non-government organisations, that are contracted by government to provide direct care to vulnerable children and families. Social workers typically perform roles in mental health, community services, grief and bereavement counselling, child and family work and government statutory departments to vulnerable communities (see AASW, 2020).

The profession uses key modalities of practice: case work; group work and community development. These modalities are flexible and place human experience at the centre. Collaborative, anti-oppressive, strengths-based emerging de-colonising approaches that are core social work approaches (Briese & Menzel, 2020; Maidment & Egan, 2023) are also used in social work responses to emergencies. Atkinson & Atkinson, (2017) provide a Community Development model of healing for Aboriginal communities. These draw out the strengths of families and communities and work with clients as the 'experts of their own lives' (Rambaree et al., 2019). Bell and Boetto (2023) outline the ULTRIS model for social work disasters preparedness: understanding your role; local community context, relationships building, implementing policies and procedures and service user preparedness.

4.9. Focus of the study

With these previous insights in mind, the research team, consisting of three social work academics and a research specialist, set about understanding the impacts of the 2022 Northern Rivers floods with a particular focus on the impact on the women's health and well-being. The three key aims were: 1) to understand the significance of gender in the aftermath of the disaster; 2) to enhance the roles of social workers and other human service professionals in the context of disaster crises, and 3) to enhance the responsiveness of government and NGOs. The intersection of gender and Indigeneity and other intersectional elements are considered. These include carers, parents of dependent children, those experiencing domestic violence and women who have cultural responsibilities.

The research also seeks to understand: the unique needs of women when their country is affected by extreme weather events; to develop culturally sensitive approaches of government and non-government responses; and to understand the specific needs and processes that are suitable for recovery and rebuilding and future preparedness.

The role of social work and other helping professions, in responding to community and individual crisis events/experiences is a significant feature of our research. We were concerned to assess the role that helping professionals, including social workers, had in responding to the floods, with the aim of further developing social work knowledge, skills, and competencies in supporting marginalised communities and individuals who are impacted by natural disasters.

5. Method

Women over the age of eighteen and who were living in the Northern Rivers during the floods were recruited to the study through service organisations distributing flyers and through social media contacts. Semi-structured interviews and focus groups provided an opportunity for women to share their experiences with the researchers. The discussions were recorded, transcribed, and thematically analysed by the research team, using NVivo software (<https://lumivero.com/products/nvivo/>). A modified grounded theory approach was applied (Glaser & Strauss 1967) and a reflexive thematic analysis was used to allow for the identification of patterns across the data (Braun et al., 2022).

Participants were asked a series of questions about their own experiences, during and after the flood event, the impacts on their community, their experiences of being helped or helping, and how responses might have been done differently. Focus group participants were asked questions about their experiences of the floods, how the impacts might differ for women and men, and what might be needed to ensure women are supported in disasters. Demographic information was collected from participants.

Due to forecasts of additional flooding the interviews took place online via Zoom (<https://zoom.us/>) or by telephone, rather than in person as had been planned. Non-wage earners who took part in the research were provided with a supermarket voucher to the value of AUD\$50.00 to defray the costs of travel and participation.

Eleven of the participants were employed in a helping profession in roles such as mental health, child, and family -out of home care, caseworkers in domestic violence and homelessness and refuges, trauma counselling.

This project has been approved by the University of Newcastle's Human Research Ethics Committee. Approval No. H-2022-0274.

Table 1: Age breakdown of participants

Age	Frequency	Valid %	Cumulative %
20 to 29 years	2	8.3	8.3
30 to 39 years	4	16.7	25.0
40 to 49 years	7	29.2	54.2
50 to 59 years	4	16.7	70.8
Over 60 years	7	29.2	100.0
Total	24	100.0	

Table 2: Gender breakdown of participants

Gender	Frequency	Valid %	Cumulative %
Female	22	91.7	91.7
Non-Binary	2	8.3	100
Total	24	100.0	

Table 3: Cultural breakdown of participants

Culture	Frequency	Valid %	Cumulative %
Aboriginal /Torres Strait Islander	3	12.5	12.5
Anglo/Australian	20	83.3	95.8
Other	1	4.	100
Total	24	100.0	

Table 4: Helping professional role of participants

Role	Frequency	Valid %	Cumulative %
Helping professional role	11	45.8	45.8
No Helping professional role	13	54.2	100
Total	24	100.0	

Table 5: Participant by identifier: age, role, culture, gender

Identifier	Gender	Age group	Culture	Helping professional role
1	Female	40-49 years	Anglo/Australian	Yes
2	Female	40-49 years	Aboriginal and/or Torres Strait Islander	Yes
3	Female	40-49 years	Anglo/Australian	Yes
4	Non-binary	50-59 years	Anglo/Australian	Yes
5	Female	60+ years	Other	Yes
6	Female	60+ years	Anglo/Australian	No
7	Female	60+ years	Anglo/Australian	No

8	Female	20-29 years	Anglo/Australian	No
9	Female	30-39 years	Aboriginal and/or Torres Strait Islander	No
10	Non-binary	20-29 years	Anglo/Australian	Yes
11	Female	40-49 years	Anglo/Australian	No
12	Female	60+ years	Anglo/Australian	No
13	Female	40-49 years	Anglo/Australian	No
14	Female	50-59 years	Anglo/Australian	No
15	Female	50-59 years	Aboriginal and/or Torres Strait Islander	Yes
16	Female	60+ years	Anglo/Australian	No
17	Female	30-39 years	Anglo/Australian	Yes
18	Female	30-39 years	Anglo/Australian	Yes
19	Female	40-49 years	Anglo/Australian	Yes
20	Female	60+ years	Anglo/Australian	Yes
21	Female	40-49 years	Anglo/Australian	No
22	Female	60+ years	Anglo/Australian	No
23	Female	30-39 years	Anglo/Australian	No
24	Female	60+ years	Anglo/Australian	No

6. Findings

The main themes identified in the data were: catastrophic government failure; clear gendered impacts; cross-community health and well-being effects; the efforts of the community to ‘save itself’; women’s leadership including in the use of social media and the establishing of community Hubs; cultural leadership; and the significant burden placed on social work and human service professionals.

Of the twenty-four participants the majority were over forty years and identified as female; two participants identified as non-binary gendered. Twenty participants identified as Anglo/Australians, three as Aboriginal and/or Torres Strait Islander, and one as “other”. In the discussion of findings, the respondents gender assignments will be identified in relation to specific findings. While the researchers were specifically interested in the social work profession and the training of social workers, we have included the range of helping professionals who work with vulnerable people in the “helping professionals” group. This group included social workers, welfare professionals, case managers in out-of-home care, domestic violence case workers and managers, and mental health counsellors, and trauma counsellors.



Figure 3: Flood waters, Lismore 2022 © [Elise Derwin](#). Reproduced with permission.

6.1. Failure of government

Participants repeatedly mentioned the catastrophic scale of government failure with respect to warning systems and provision of aid in the midst and aftermath of the flood disaster. Government unpreparedness was exacerbated by the magnitude of the disaster. One participant noted that new and different language is needed to capture the extreme events of the flood.

It's a "humanitarian disaster" at every level, and I've used that phrase a lot because we associate humanitarian disasters like overseas not in Australia, and if you think about a humanitarian disaster, it has to elicit a different sort of cognitive response. So, I kept using it, and people have picked it up and used it, and I described what happened to us as an inland tsunami. Because when we talk about flood, and particularly in the Lismore Northern Rivers area ... it's matter of fact ... But the impact was like, you know, once it came over the levy it just it was like an inland tsunami. (Participant 16)

The failure of government in the flood disaster is difficult to exaggerate – all aspects of disaster response from the lack of accurate warning, the absence of leadership to ensure lives were saved during the crisis, and the chaotic aftermath were without adequate co-ordination or presence of government. One study participant reflected on the lack of accurate predictions of the flood levels by the Bureau of Meteorology (BOM), Australia's national weather, climate, and water agency.



Figure 4: Flood waters, Lismore 2022 © [Elise Derwin](#). Reproduced with permission.

I'm still really angry about that - the lack of information from the BOM ... us locals knew that it was going to be much bigger than what was predicted. I guess you feel juked, and ... that danger to people's lives and trauma could have been averted. (Participant 10)

The purposeful activity that was described by study participants who were working in helping roles (both as volunteers and those in paid positions) contrasted starkly with the failure of government to act. The vacuum left by government was the space where community members and grass roots organisations stepped in to create order. One participant reflected on local responses.

All of our locals who had boats came out, and they went into these raging waters, and they rescued people. And some of them ignored [authorities]. When the SES told them not to go in the water. Goodness, some felt they couldn't, others did, and others sort of took their boat around certain ways to avoid what the SES were. (Participant 16)

The absence of effective NSW State Emergency Services (SES) and other government responses drove the necessity for the community to come up with its own solutions to the crisis. This created an ongoing lack of trust in government. A participant explained:

A lot of rumours that go around about what certain organisations, you know, about what the army, the SES did and didn't do. It's difficult for the community, because it undermines the trust of those organisations which were ... not able to help in the way that you know was needed ... the community, to a large degree, saved itself because there was no other choice. (Participant 4, FG 1)

In the days following the emergency evacuations flood waters receded and the clean-up in Lismore commenced, only for a second flood to wipe out the progress that had been made. This put back the efforts of recovery and undermined any morale that had been building.

After the two flood events, the physical environment was described by many participants as a 'war zone' (Participants 2, 5, 12, 13, 14). The destruction was so extensive, the stench of the mud left behind so potent, and later, the drift of smells and debris from broken sewerage pipes so extensive that it permeated any remaining belongings people had at the same time as it overwhelmed the town. Some small communities in the Northern Rivers area were completely destroyed. Cabbage Tree Island for example, a small Indigenous community in the middle of the river, was wiped out.

Nine months after the flooding, a small number of pods were being moved in to provide housing.

Cabbage Tree Island – they were completely wiped out. That's the Indigenous community, the hotel, the school, the [community service] and now the Sports Centre has been closed. They are moving in pods today. (Participant 1, FG 2)



Figure 5: Flood damage, Lismore 2022 © [Elise Derwin](#). Reproduced with permission.

Another small community - Wardell - was also decimated.

Wardell lost every community facility. They lost the parts of the school, all the playgrounds, and now the Sports Club has been closed for the community. There's nothing left. (Participant 1, FG 2)

The involvement of the Australian Army was late in the clean-up phase. Their contribution was in a range of areas, including in the clean-up and in food drops.

So, by the time the army tuned up it was just getting rid of debris. (Participant 7, FG2)

Many communities were isolated by the flood waters, and quickly ran out of supplies and were reliant on food drops. They depended on food drops from the Australian Army, however in one case the food ran out and the community funded a helicopter to deliver pizza.

[The army] forgot about everyone that was still left in Wardell. An individual who owned a helicopter who ordered ...They ordered thirty domino's pizzas and helicoptered them in. (Participant 7, FG2)

In the period after the flood government departments and NGOs opened grant opportunities for residents who had been affected although this was found to be complicated and difficult to access.

It took me about three weeks ... I was exhausted and my mental health I've managed to get \$4,000 ... It was the Salvation Army and St Vincent de Paul. [I] managed to jump through the hoops ... I've missed out on the Red Cross one. (Participant 12)

This participant identified the need to have a case worker assigned to her, and how difficult it was to navigate the grants that were available and to apply for them. Members of these communities expressed a strong sense of scepticism and disappointment about the tardiness and effectiveness of the support that government did eventually provide.

6.2. Gendered health and well-being outcomes

We found that gender was a significant factor in the disaster response. Gender played a dominant role during the initial flood response, in the hyper-masculine emergency and clean-up responses, in the dominance of women in post-disaster community action, in the experiences of people trying to find shelter, child-care, and financial aid, in women's experiences in the shelters, and in women's experiences of trauma, mental-health impacts and violence.

The lack of early warning concerning the flood together with a crucial lack of government response in the immediate aftermath led to a gradual awareness that the community must act to save itself. This led to a mobilisation of local people (and predominantly men being associated with this activity), using their own boats and whatever else they could co-opt to rescue people from their houses and take them to shelters. One participant noted on the gender roles that developed:

A lot of the women really rose – It was really interesting, because most of the people who went out in boats and tinnies were blokes. And in a sense, did that ... rescue. And then the women were doing a lot of the other stuff that followed it. (Participant 16)

The early predominantly male response led, over time, to a more dominant role taken by women to protect and support their communities. This took the form of organising social media information sharing, providing food and community support to survivors, operating community hubs and supporting community members who needed additional support. Women noted that much of this work is voluntary and yet required enormous effort on their part.

Disaster recovery work at the community level is voluntary. We get into the gendered nature of volunteerism, and the fact that women are often the ones that have a capacity or working scenarios that allow them to step up and to volunteer. (Participant 21, FG3)

The gendered nature of the helping professions and cultural norms were also pointed to as influencing the roles that women take in disaster and disaster recovery, including the caring and organising skills and the need to be inclusive of gender orientation and identity.

And I think another reason that it's largely women who have shown up is that women are in those professions already. Like we have body workers, art therapists, people with good listening. I'm not saying men don't have this, but people with good listening skills – like their

therapeutic skills that are part of their [normal] work, [they knew] what was needed, and also their organisational skills, and that ability to really multitask and kind of triage at the same time. And all of that, that, I think, largely fits more with the standard expectations of women in our culture. We also have a lot of queer people who showed up, [but] more towards women, the women's side of the equation. (Participant 21, FG3)

This method of helping contrasted with reports by participants that related to men from outside the flooded areas, going into the flooded neighbourhoods with the intention of helping. This resulted in mixed experiences for residents. A lack of co-ordination or oversight resulted in fast but indiscriminate removal and destruction of contents of their homes, as contents were emptied into the street to be taken away.

These men rushed into this role to all band together, to drive down to a community to rip these houses apart ... men are attracted to a hero type role, you know. They want the recognition of it. (Participant 23, FG 3)

Several participants noted the need for a different approach – a more discriminating, systematic approach to clean out houses that included talking to residents and finding out what they wanted volunteers to do. One participant complained that the approach taken to this task did not start with asking the homeowner what they wanted.

But you know what if I'd walked into someone's house who I didn't know and I was there to help them in the first few days I wouldn't have started by ripping their kitchen out. I would have started with a conversation... what would you like? (Participant 23, FG 3)

Another critical gender issue concerned the loss of employment for many women and the closure of schools and day care centres, resulting in many women being unable to continue in their jobs because of a lack of childcare.

A lot of single mothers have a part-time job and when their kids were in day-care and school [this was manageable] ... so losing that as well and being the sole provider must have been absolutely devastating. (Participant 5)

One queer participant related that they experienced a high level of support from their community. They noted benefit from being part of the ground-up organisation that they experienced in the *Koori Mail hub* response which was inclusive and welcoming to all.

Like it was very much ... Come to this place, get this help, you can instantly be put into a voluntary team. (Participant 10)

A gendered health and well-being outcome related to the sexual assault that occurred in the period after the initial crisis, a phenomenon that was noted by several participants. One participant identified this as a distressing issue to talk about in the focus group. She skirted around the topic before getting to the point, beginning with the problem of no access to medication, moved on to the lack of contraception and a lack of access to abortions before lastly, saying that women were pregnant as a result of sexual assault following the floods.

A really big issue of not accessing medication was contraception ... and the right of women seeking terminations, post-flood, and who couldn't get one because of the backlog, and the fact that it costs money, and you have to get transport, and you had to get to another region. I think I didn't bring it up because I'm absolutely traumatised [by it]. Obviously, a lot of people that get pregnant, it's intentional, but for a lot of people it's accidental – a lot of people. Unfortunately, it's been done by sexual assault ... that was a massive gender difference. (Participant 2, GF1)

The on-going impact of this gendered, sexual violence will have long lasting impacts on the women themselves and children conceived in this way. Gender was a critical and interwoven factor of people's experiences of the immediate and ongoing flood response is further analysis in subsequent sections.

6.3. Flood trauma

Participants consistently described experiences of shock and trauma. They communicated individual physical and mental health issues resulting from the initial shock of the disaster of the flood. The experience of being trapped, or knowing others were trapped and needed rescuing, was relayed through the photos and messages posted on Facebook. The impact of this was traumatic.

Even if the people who weren't flood impacted, their homes absorbed a lot of the impacted people, as well as the intensely packed evacuation centres. I even did have communication with a friend who was trapped in her roof for some time, waiting to be rescued by a jet ski, like a grassroots rescue from a jet ski from her roof ... So, receiving that message was scary. (Participant 10)

The trauma was further magnified through the continuing sights/smells and witnessing of the physical carnage on the town. There was an increase in pre-existing conditions such as anxiety, loss of physical function and, as a consequence, an increase in dependence on others for care. One participant mentioned:

I especially want to see people with a disability – we are ever more vulnerable after the flood, and I am speaking as a woman with disability who already has PTSD. More needs to be done for women with disability, including intellectual disability and who do not have a voice. And who suffer because of the flood. (Participant 11).

Two women in our sample had heart attacks in the period following the evacuations. The strain of caring for clients in one participant's own home in the post-flood period culminated in a heart attack.

I had a heart attack after eight days and ended up in hospital, just from stress: it was broken heart syndrome. It just completely broke me. (Participant 1, FG 1)



Figure 6: Flood damage, Lismore 2022. © Elise Derwin. Reproduced with permission.

In addition, the health and wellbeing of clients was impacted by not being able to access medications required for on-going treatment. One participant talked about serious potential health issues that could have resulted from one of her clients not being able to access medication due to the isolation caused by the flood.

Her house didn't flood, but she [the client] was isolated, so no one could go anywhere, so they didn't have a lot of food left, and they didn't have, and she didn't have her medication, so that for her that was particularly stressful. (Participant 3, FG 1)

Other participants depicted the immediate impact of the unfolding disaster having lived through the 2017 flood just five years before.

The emotional distress and worry ... I had a bodily reaction, a huge emotional mental health reaction to the helicopters flying. I woke up at 6 am. Having known that the town, the levy, was going over top again, which is the second time in five years. (Participant 10)

Other health issues could be connected to inaccessibility of prescribed medications for children and adults, as well as a lack of access to contraception. In some cases, participants described going the extraordinary lengths to ensure lifesaving medication was transported across flood waters to children who were seriously ill. One grandmother talked about thinking through the different critical needs that were evident between her two adult children, if she could help either of them and how she might do that.

[There was] no way access to it, nowhere for helicopters to land for them, to go and including all the little animals. And then I had my other son with a palliative care daughter that needed electricity to keep her medicine cold. So, I had to prioritise [between] my kids,

and I chose my grandchild and trying to get our generator across to them. (Participant 22, FG3)

The sheer isolation of some communities resulting from the flooding and destruction of roads created the need for improvisation to solve logistical problems.

6.4. Community saving itself

The crisis of flood waters rising quickly overnight to unprecedented levels left many people escaping to their roofs. While they had battery life left in mobile devices, they used social media to call out for help. Phones ‘flickered on an off’ caused by a lack of power and the telecommunications tower being damaged. Facebook was used to alert the rest of the community that people needed to be rescued.

Resilient Lismore was the primary social media group site, used both to post information about people who needed rescuing and to organise assistance and later, to co-ordinate the delivery of needed donations. During the flood, residents used their ‘tinnies’, small boats, and kayaks to carry out rescues, often against the commands of local SES staff. Residents explored the roof tops of submerged houses to find missing people and pets, posting photos on Facebook, where lists of people known to be evacuated were being tallied as well as people whose whereabouts were unknown. Many were rescued in this way through windows or from their roof tops while others swam or walked through flood waters to safety. For those who were forced to escape, the peril was palpable. One participant said:

[I was thinking] I’m going to die. All kinds of things come into your head along with ... I can't find the rest of my family. (Participant 2, FG 1)

An older participant described her escape:

Yeah, we're swimming in pretty high (water). The water was coming up, and we could see it might come to the roof of the house. So, we're hanging off the rafters. That's when we said, come on. We have to swim. (Participant 16)

Those that were ferried to a high point of Lismore, by the ‘tinny army’ were dropped off, often with little other than what they were wearing. Participants who witnessed this described their experiences of seeing these arrivals and attending to them, picking them up in cars, sitting with them and giving assistance where they could. A participant explained:

On that day our people are being rescued by people in their tinnies, and they were ‘spitting them out’ down at the bottom of our hill. They were being taken out to people's houses, fed, you know, and then we collected them from there. I was sitting with them in the car, and they were still in shock. One woman – she had no shoes on – and she had a plastic bag with laptop and documents. It was kind of just community members through Facebook ... I did a shift there that night. (Participant 14)

The queer community provided support to their own members effectively, while hearing about distressing experiences of those in the evacuation centres.

My queer community that I'm a part of ... I was aware of and kind of hearing about the evacuation centres, and of which there were quite a few, and that they were very packed, and I was aware that it was all very distressing, and there were still some people missing and unaccounted for ... I really wanted to support what those amazing First Nations bunch along. You know, community were leading. This was very exciting, truly grassroots community led recovery effort with in like a very distributed leadership way. (Participant 10)

6.5. Helping others

Several study participants reported a powerful desire to 'help others' in the period after the flood. Some who did not lose their homes, opened them to those who had, while other participants found another way to help residents who were homeless. One participant drove around looking for people who needed help and gave out clothes, meals, and money. Others talked about feeling a commitment to helping others, and noted they were volunteering at the *Koori Mail hub*.

I found my niche around how to help people who needed support. And it was mayhem in there at the time. It was just people all over the place dropping in food. We had food there, and that was one of the main draw cards, as you couldn't really get any food when you were in town. (Participant 14)

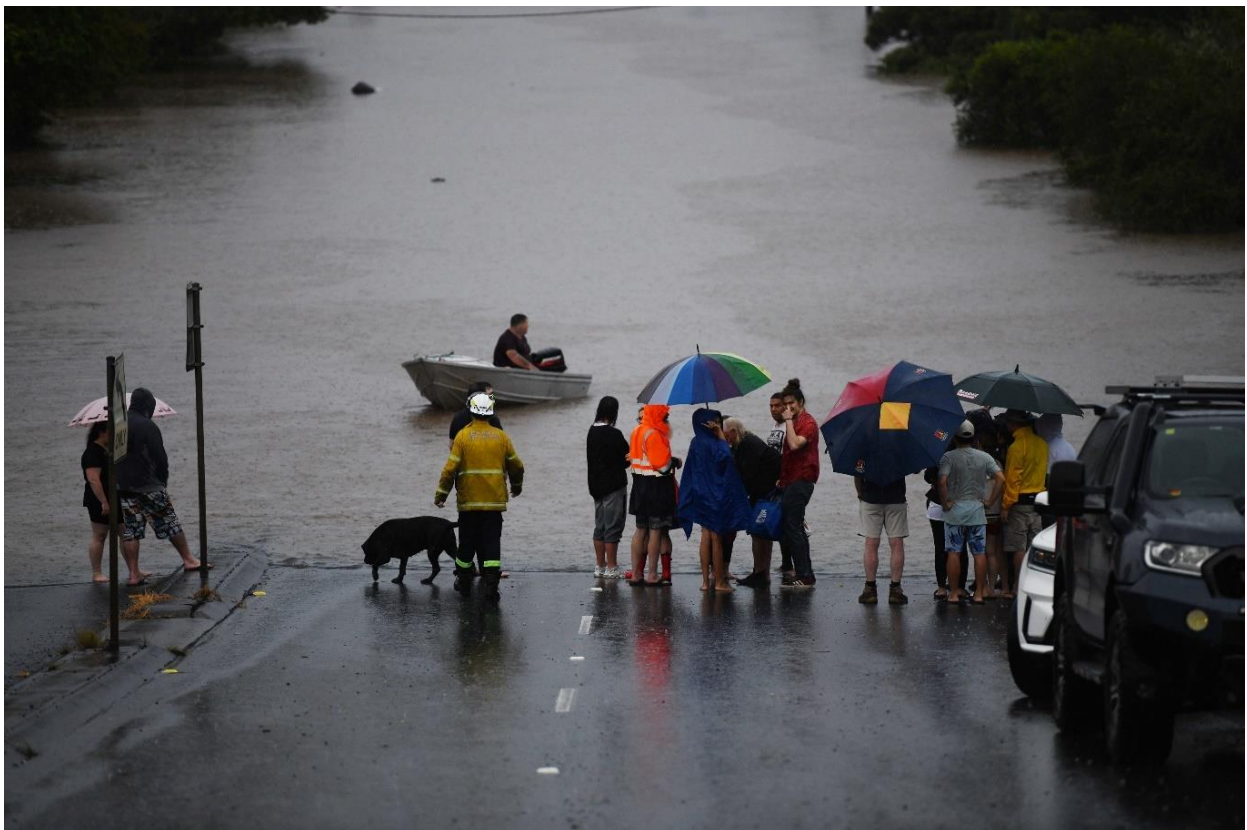


Figure 7: Flood waters, Lismore 2022. © Elise Derwin. Reproduced with permission.

Another study participant volunteered their services at the *Healing hub* situated in Lismore, on a high point in the town, that had not been flooded. She recounted that helping others was a common experience amongst the clients she was seeing at the *Healing hub* where she practiced.

I've heard the theme in my office - a lot of people wanting to help. (Participant 5, FG 3)

One focus group included women who used social media to help the community. They worked long hours for weeks at a time, sending out information, messaging, and co-ordinating help via Facebook. They talked about being able to dedicate themselves to the work, because they had not been flooded, and had a supportive husband or friends who cooked for them, and children who were old enough to care for themselves. One woman talked about their commitment to the work:

I felt such a large civic duty to do what I could to help. And it just so happened that my kids were old enough, and my dog could sit in a chair beside me, and because of my location I actually could participate at what I felt was my full capacity. (Participant 23, FG 3)

6.6. Local hubs

The anthem of the 'community saving itself' can also be applied to the way in which 'hubs' of co-ordination were established. We were told about the *Healing hub*, the *Koori Mail hub*, *The Channon hub* (in a school), the *Resilient Lismore hub* and the *Wardell hub* (in an old Post Office). There were also other hubs in Lismore and in neighbouring towns that together formed a network of collaboration. In Lismore, participants identified hubs that had a focus on providing food, meals, and information as well as counselling and help with trauma.

Research participants identified the Lismore hubs as the *Koori Mail* (established within the offices of an Indigenous Newspaper) and the *Healing hub* in the Anglican Church grounds where a welfare organisation (CASPA) provided inspiration and moral leadership to a traumatised community. One study participant who had received services from the hubs, valued their accessibility. Another participant maintained:

[The] *Koori Mail* was wonderful – I am not Koori and they helped me ... I got what I needed at the time. I only had the clothes I had on ... I had nothing ... Anytime I ran out of bread or milk. I can go there ... there was a pantry there ... they were, they were really wonderful. (Participant 24)

A participant who volunteered at the *Koori Mail hub* regularly described what had been organised there:

The *Koori Mail* was one of the amazing hubs that arose out of the flood. So, [the woman CEO] who runs the *Koori Mail* was out basically straight away and set up ... like a donation hub. They had a nurse there. I turned up one day. It was probably three days after the flood, to volunteer ... there was an amazing level of organisation even then they were doing outreach to lots of people still cut off communities. (Participant 10)

The same participant took her son to volunteer, believing this to be an important experience for him.

I found myself going back there on numerous occasions... Just if I had a couple of hours I would just go, and I actually took, my eleven-year-old son there for a couple of days to volunteer on his own ... just because I feel it's important for kids to feel a part of ... the community. (Participant 14)

A participant who volunteered in the *Healing hub* which was established on an elevated point in Lismore said:

It's an Aboriginal Healing Framework, trauma informed care and it was on a hill that didn't flood. It was like the miracle place that in the middle of town was the Aboriginal gathering spot probably because it didn't flood as well. So, I went there, and my puppy was welcome. It was like a match made in heaven, the whole model and everything resonated with me. (Participant 5, FG 3)

She described why she thought people went to the *Healing hub*:

Women also seek our service either to participate in it and or to offer that service because it was a [safe] place when everything was disruptive, and all the usual places of connection and belonging whether it be events that we went to or our social circles, or our friends like a lot of people talk about the loss of friendships. It was like you could come here and see a steady and stable community on an ongoing basis, so that, too, could be sort of the gender difference because more men might go to into their caves. (Participant 3, FG2)

Another participant talked about the *Healing hub* as being a chosen location to do the healing work because it felt safe as it had not flooded, and explained the location allowed for a “de-clinicalised” space for:

Yarning, food, taking space, you need to understand complex trauma to do this work (Participant 15).



Figure 8: Tuntable Creek Road/Arkinstall Road causeways 28 Feb 2022 9am © Robyn Kelly. Reproduced with permission.

Other hubs were established across various geographical locations throughout the region, and while each hub differed in detail as to what they did, and how they contributed to the community, they all played a role in co-ordination, establishing that community members had survived and that their basic needs were known and, if possible, being responded to. Depending on their level of isolation and means, hubs distributed aid, medical services to the elderly population in the locality, and communication once power was restored.

Smaller hubs in isolated areas played a critical role as a point of gathering, and when electricity was sourced, hubs were also used to disperse communication and organise and co-ordinate assistance. One remote and isolated hub played a role in providing medical assistance to residents in the area. A participant explained:

We started having our own emergency hub ... And so that was incredible to watch slowly people just walking up the hill, saying, what can we have? What you know? What do you need? And we stayed there for seven weeks ... At one stage there were 500 isolated people without food. We have a lot of intentional communities out there so just trying to make contact with those people making sure that they were physically safe was heart-wrenching. We had three missing people at one stage, one trying to contact their mother, who had heard the landslide on the phone. (Participant 22, FG 3)

Once they were accessible, hubs were also used to distribute food and clothing donations. As well as acting as a centralised place for local community members to go to, these hubs served as points of contact for outside help to organise their responses: this included the Australian Army, and, in another instance, a New Zealand rope team who worked to manage fallen trees.

A strong feature of the establishment of hubs was that they responded to the immediate needs of the community. They were collaborative and organised and run by local community women. Hubs were experienced by participants as a place people wanted to return to – both to volunteer and to seek help.

The influence of Aboriginal approaches to community caring (in both the *Healing hub* and *Koori Mail hubs* in Lismore) was identified by participants who both sought help, as well as volunteered at these hubs. The common themes operating was that of community belonging, caring and cultural connection to community. In describing what had helped the community after the flood one participant said:

The community helped each other, doing stuff together, the community coming together. No payment or cost. (Participant 15)

6.7. Social media response

The use of an organised social media response was a distinguishing feature of the community's response. Residents were able to use social media to pre-empt and communicate warnings about the initial emergency. As the crisis unfolded the role of social media changed and morphed from giving warnings about floods that were coming, to providing information about

the crisis and need for rescues, to the aiding and facilitating resources in the post emergency period.

In the period immediately before the flood, there were already moderate flood levels. The social media Facebook group, *Resilient Lismore* had a team of volunteer moderators already involved in managing community messaging. One participant noted:

I was up all through the night and the early hours, monitoring flood warnings and messaging in the Facebook group. I went to sleep for about half an hour and the flood warning was revised in that time from a safe, (inverted commas) height of around 12 metres to a very unsafe height of 13.5 metres. The flood subsequently went to 14.5 metres with the astronomical levels of damage in our community ... as soon as I woke up and got that revised flood warning I was 'on' and was messaging as soon as I could. (Participant 22, FG 3)

There was on-going distribution work following the disaster.

We have been operating now for twelve months – forty-nine volunteers doing all sorts of community work distributing donations, blankets, food, doing welfare, wellbeing checks ... We are a very women-led driven organisation you know. If we have group meetings, there's a lot of women around the table. (Participant 21, FG 3)

One participant described how she broadcast that their house would be a drop off point for donations using the *Resilient Lismore* Facebook site.

I organised just through the local Facebook page to be a drop off place. My place was the drop off, so people would be dropping things off to me. (Participant 10)

While *Resilient Lismore* was run by an organised and co-ordinated group of women, another participant worked alone in the social media space, being unaware of the established group. Experienced and skilled in analysis of emerging disasters in the on-line environment, she worked intensively for weeks, beginning with the identification of people who were known to be safe in the evacuation centres and later posting information needed by the community. She explained:

The first thing I saw – the first visual evidence ... he'd taken it [a video] from a tinny at eye level to that second floor. So, it was very obvious what was going on ... and it was really obvious that the power was going to go out and ... that people wouldn't have communication, that people's phones were running flat, so they were unable to stay on hold for triple 000 and for SES ... I reached out to the moderator of the Facebook group, and I said, make me a moderator for six hours. I'll put a green tick on people who we know have been evacuated and have turned up somewhere safe, because people were then sharing information. (Participant 23, FG3)

The strategy of using the information from photos on Facebook assisted the community in establishing who was accounted for and who was not and to prioritise searches for specific people. The volunteer work force was significant with forty to fifty women working for three to

four months on social media, with a moderator group of another twenty. In addition, the number of providing therapy and counselling at the *Healing hub* was estimated to be about twenty-five.

6.8. Evacuation centres

The lack of safety of women was a dominant theme emerging from the interviews and focus groups. Participants consistently reported that the management of the main Lismore evacuation centre (based at the University of Southern Cross) was very problematic. Experiences of evacuees were marked by chaos and a lack of safety.

It's large, a lot of storage space. It became not only the evacuation centre but also a centre to where, in the weeks afterwards, you can come and collect cleaning products, or where you can go and drop off donations, and it became a bit of a one-stop shop. It's now become a health precinct. So, there's mental health and [general practitioners] and things there, so it can be, because it's high up on the hill. (Participant 2, FG1)

Participants recounted significant safety issues, including: the exposure of women to violence and assaults; domestic violence perpetrators not being separated from those with restraining orders; children and families not separated from child sexual perpetrators. In addition, drug users were cut off from their supply and suffering withdrawal were not segregated from families and children. Needles were left lying around the centre. These experiences were overlaid with the shock and trauma of the flood.

Participants in professional roles reported that, the evacuation centre was unsafe for their clients, that assaults occurred there and that police were called every night. Community leaders intervened and the NSW government's Department of Communities and Justice representative brought some order to the chaos.

Participants not only mentioned problems in evacuation centres but also highlighted the lack of safety of women in the aftermath of the flood. Sexual assault was mentioned by seven participants in the study.

I did hear of some attempted like sexual abuse stuff happening as well I didn't hear about that through any official source. So okay, that was just the sorts of things that people were saying on social media. (Participant 15)

One participant who worked with domestic violence clients noted:

I have plenty of accounts of violence ... violence against women, domestic violence, vulnerable women, and children. (Participant 2, FG 1)

One participant social worker who worked in the community providing support after the floods, emphasised that women needed safety after surviving the flood, but that the environment that developed in the evacuation centre was not conducive to safety or healing.

The evacuation centre was not safe – it was a 'toxic soup'. (Participant 15)

Another participant noted the same issues and said:

the safety of vulnerable women was put at risk and that really needs to be addressed ... there needs to be a separate section [in the evacuation centre] ...there needs to be a separate response for these vulnerable women, particularly women who have experienced violence, so we're not actually placing them right back in it. You know it could be catastrophic. (Participant 4).

Another participant reported that the person formally appointed to organise the evacuation centre had to be instructed to have security installed in the evenings to establish safety.

And so, I said to him, we've got to have security. The police are leaving at 3 o'clock, and you have to pay for it. (Participant 16)

Small local evacuation centres were also established in community facilities. They provided accessible shelter for people and their pets. These were also places where the negotiation of sharing space sometimes resulted in disagreement and conflict. One source of conflict included the accommodation of pets that had resulted in the dog owners being in tents outside the evacuation centre as the rain continued to fall. A participant observed:

There was one person who made the rule, and the first night it was just me and three dogs. But then the second night two more dogs turned up, and third night, you know, a dozen more dogs tuned up. So, it's one person making a decision for all of us, and I was trying to negotiate that- 'look, these are my neighbours. They know my dogs' ... It just became a horrible ... By the time that we got row boated out, I was very pleased to get out of there quite honestly. (Participant 7, FG 1)



Figure 9: Dog being saved from flood waters, Lismore 2022. © [Elise Derwin](#). Reproduced with permission.

6.9. Help from outside the community

Discussion about the need for co-ordinating outside help was a repeated theme in interviews and focus groups. Study participants recounted crowds of people arriving to help, with good intention, but not under any guidance or authority.

In the weeks following the flood, members of the Australian Army and other groups of volunteers travelled to the small communities and Lismore to help. Some were from Brisbane, others from more proximate local towns. Participants noted they needed help, but also that they were in shock and not able to be in control of what was occurring in their homes as people from outside the region swarmed the streets offering help.

Volunteers arrived in the days and weeks following the disaster, pulling up carpet and floorboards and throwing out furniture that was then piled up on the streets outside the houses for weeks. This process was described by those who had lost their belongings as being rushed, at a time when they were disoriented by the shock of their experiences.

There was no, there was no gatekeepers who were experienced in disaster management on the ground, with common sense and rationality to say, 'Look, maybe we can save that beautiful vintage dresser. Maybe we can save the clothes that you might need for the next year. Maybe we can save um... some of the white goods, [and] particularly photos and passports.' (Participant 7, FG 2)

One participant discovered that her husband's ashes had been thrown out into the street.

They were supposed to go in and get rid of the mattresses, the white goods, the heavy stuff, the lounges, and before you knew it, you know, they were in there and everything was coming out. You had no chance to pick anything out ... It was all piled up. They had no idea that people when they get to eighty-four, you've got your mother's things, your grandmothers' things, you've got your husband's ashes. Well, they've all gone to the dump darling! (Participant 24)

In reviewing the magnitude of loss already sustained in the flood, unnecessary additional losses were painful to recall. There was also an unfortunate experience of theft in one participant's house. In the chaos of having people in her home wanting to rip up the carpet, her jewellery was stolen.

6.10. Leadership and gender

Female-led community leadership came through as a strong theme with the establishment of hubs and the strong social media presence that were led by women, providing a source for communication and information. Women who took leadership roles had a community orientation to their efforts which were collective in nature, and whether it was a hub or social media response, the strategy that was employed was to identify needs, then actively network to pull others in to assist.



Figure 10: Flood damage, Lismore 2022. © [Elise Derwin](#). Reproduced with permission.

Leadership included having the courage and self-assurance to go against the commands of the headquarters of the NSW SES. One participant described deciding to act decisively after being convinced that the SES were ‘out to lunch’ and not in touch with what was unfolding. Her actions included putting warnings on Facebook.

All the locals were posting, and a couple of people were doing a matrix of it. We needed help. And the media person rings me, and he said, ‘You know, what should I do?’ And I said, ‘do you want people alive?’ He said, ‘Yes’. I said, ‘Well, you know what to do’, and I then posted his stuff. I said, ‘they won’t come near me’. (Participant 16)

The pattern of women taking leadership roles was established in hubs and through the organised social media. The *Koori Mail hub*, *Healing hub*, and *Resilient Lismore* were run and organised predominantly under women’s leadership. Participants in one focus group put forward views on why this was so.

Women are gendered to know that it is really important to look out for the children and to look out for the older people, and to make sure that people are fed, to make sure that the clothes are washed, to make sure that you know that people are getting what they need. ... Disaster recovery work at the community level is voluntary ... So, women are more often in insecure employment, in part time, employment, in caring roles within their family. They have the space and capacity to be able to step into these as well as the gendered lens of care. (Participant 21, FG 3)

While men were ‘definitely there’, in some hubs and had played key roles helping in the set up or providing on-going support, this voluntary work was dominated by women.

7. Social work and human service professionals

7.1. Dual identity

Overwhelmingly all those employed in a human service role, managers, social workers, welfare workers, support, and caseworkers, felt that their role and responsibility for their clients continued during the flood and in the following weeks.

Professionals were trying to survive themselves, while also providing care. One caseworker working in the mental health field told her clients:

I just said that anyone that needs to escape from the flooding can come to my house.
(Participant 1, FG1)

A participant who had volunteered at the *Healing hub* talked about her experiences in volunteering and of the intensity of the work when you are also a flood victim.

So, yeah, you're dealing with your own home, you're dealing with your family. You're dealing with your friends. And then you also actually giving your all for this community effort. (Participant 5, FG3)

Professionals continued to demonstrate care and responsibility even when they were themselves impacted by the flood and incapacitated by a lack of communication or roads to access clients. The human service workers were focused on the potential harm that might come to their clients and, in this environment, the risks were high. Participants who experienced receiving care from human services workers were conscious of the help being provided in hostile and makeshift conditions. Yet some did not know how to get help once access to their homes had been cut off the night before the flood event and they were left without shelter.

My NDIS advocate stepped up when I was trapped outside Lismore. I had no home to go back to. Also, my employer – I phoned her where I had no money and was turned away from the hospital. She contacted my caseworker on her day off and got me emergency accommodation, so I travelled from the town I was in, to the Lennox Heads evacuation centre. (Participant 11)

The range of services detailed by participants included: suicide prevention, mental health, disability support, out-of-home care, therapeutic residential care for complex needs young people, domestic violence support, and housing. Service providers were purposeful in continuing to provide safety and access.

For example, foster families who cared for children and young people who had complex health needs required secure care to be provided if the young person's home was flooded. When the two government departments (Health NSW and the NSW Department of Communities and Justice) were not able to come up with an agreed approach to the young person's

accommodation needs so it was the non-government organisation (contracted to provide the care), that had to come up with an operational solution. The NGO participant recounted:

I had to front up into the hospital and basically demand access to a secure room at the hospital, which they weren't prepared to give me. (Participant 18)

This strategy did succeed, and NGO staff members stayed with the young person for two weeks despite their own families being in extreme distress after the loss of homes, and family members in the flood. In another situation the CEO of the NGO undertook rescues of children herself. She explained:

We had a sibling group of six children... Normally it would just be up the road, but that the water actually went up into the second story of the home and that, you know, children that aged from two years old up to [a teenager] ... So, we ended up not even being able to get on to the SES. We couldn't get onto the police. The phone lines went down, and we ended up doing call outs all over social media and literally a citizen just jumped in a boat and went and got them for us off the balcony, I was behind with the baby. (Participant 18)

While the contracted organisations had a legal obligation to act as the children's parent, the biological parents of the children were also contacting the service to find out about their children's safety. A participant said:

Parents contacting us very distressed, wanting to know about their child because they couldn't contact them. We didn't have any communication at the time I lost communication. (Participant 17)

Another service area where there was a high level of vulnerability and need for help was in homeless services. Women who had been recently re-housed did not know the geographical area well, and consequently found navigating themselves out of flood waters extremely difficult. They contacted case workers to give them assistance probably at the same time case workers were also needing to escape rising water themselves.

This dual identity as both flood victim and helper weighed heavily. Despite some of the participants losing their homes, places of work, and at times being cut off from contact from their organisation, they continued to respond to the needs of their clients. One participant talked about these impacts on social workers and other helping professionals.

Devastating: Staff lost their homes and their workplaces. (Participant 15)

She also talked about the healing impact of all those professionals who had lost their workplaces coming together at the *Healing hub*.

We had so many volunteers, highly skilled people at the *Healing hub* because they could not work at their own offices. It was healing for them to come together and work at the healing centre. Coming to one area without the silos [of being located in different organisations], was healing. Where we could be together - and share knowledge and

practice. This was our greatest asset. It took a disaster for us to come together and develop a community of practice. (Participant 15)

This participant described a method of practice that was based on Indigenous experience of community trauma ways of listening to a processing community trauma in healing community trauma that was a communal experience in a healing circle.

7.2. Extreme and prolonged stress

Social workers and helping professionals supported clients when they were experiencing extreme stress as they attempted to find their way to safety out of rising flood waters. One example of this occurred when a woman who had been recently settled in the area was disoriented and lost and trying to escape flood waters. In the last minutes of phone access, a mother, with children in her car, rang her caseworker for directions. In that moment, the stress for the caseworker, who did not know where the mother was, was palpable: the mother's lack of familiarity with the area was compounded by roads disappearing under water, no visible landmarks in failing light and an unstable phone connection that was soon lost.

We also had girls in temporary accommodation getting flooded and they were trying to rescue themselves, and I was getting calls. They were in their cars, you know ... they didn't know where they were, where the highest point is, or how to get out ... they are in water ... in their cars and trapped, and so those calls were coming in. (Participant 2, FG 1)

The same domestic violence caseworker remembered the stresses of that time, and getting random phone calls from people all over Australia who were looking for relatives or needing to be rescued.

It was very uncomfortable and stressful. Yeah, that was my overwhelming... this overwhelming feeling of - I should be managing this better. I should just be able to help ... I had people ring me from Grafton, and of all places, wanting to be rescued in a boat, not being able to get through to anyone else. (Participant 2, FG1)

The damage and destruction to the environment was described by one professional participant, and that it continued to be the case nine months after the flood.

No power, no internet, no signs, no food, no fuel, no roads. I'm still impacted. I still have no road. I have to take this massive Leyland brothers adventure to get to work and back. (Participant 2, FG1)

The impact of the extreme disaster plus holding the anxiety and panic of others during these interactions were extreme.

The ability to perform a professional role in this disaster environment remained limited in the weeks and months following the initial crisis. Social workers continued to be impacted themselves by the traumatic experience and some participants related their need for on-going counselling as well as serious physical health impacts the disaster had caused to them personally as noted previously.

Professionals also noted difficulties that continued to create stress in performing their current roles, nine months after the flood. There was a lack of services, difficulty attracting people to work in the area due to the housing shortage, and there was an accumulation of fatigue, particularly as people were still recovering from COVID 19 impacts. The lack of available housing for families affected by domestic violence was a significant problem and created frustration.

Trying to support people with access to zero resources, with housing, temporary accommodation, expecting women with three, four, five kids, even one child or pregnant, to be in a tent in the wet and like, still are, because I have no solution. (Participant 2, FG1)

The role of being the care giver become much more difficult as the closure of schools and other services, slow rebuilding resulted in a prolonged recovery situation.

A lot of the women are trying to work, care for kids, you know. Do all of that - care for family. They are carers as well, and just their ability to do that in these extreme circumstances. (Participant 16)

7.3. Social worker preparedness

This report set out to identify any areas of education and skill development that would be useful to social workers and other helping professionals who will be responding to disasters in the future. A number of participants responded to this question, offering suggestions about specific areas of education. We have determined six key strategies from the discussions and interview responses.

1. Training in leadership in collective action:

Collective action training was needed for social workers and others in the helping professions who were working with community groups. This role might include challenging formal authority to successfully communicate immediate needs. A participant who had played a seminal role in the Northern Rivers floods communication noted:

I think that we really need more leadership development in women in this space, because if women in all communities were able to step into leadership positions in times of crisis, the recovery would just be far less traumatic. (Participant 21, FG 3)

2. Understanding safety as multi layered with physical, cultural, and psychological components:

The creation of safety was the first principle emphasised by the social workers, therapists, case workers, and clients in this study, and was also a key element identified in the *Healing hub's* response to individual and community healing. Beyond immediate physical safety, the *Healing hub* practice emphasised cultural safety, and acknowledgement of culturally informed 'ways of being' in a communal space and to sharing stories of trauma. Helping professionals who worked in the *Healing hub* were first trained in Indigenous first aid, Indigenous trauma, and observed the practice of those in leadership roles.

3. Safe practice as an integrated framework:

The 'culturally informed integrated framework' developed at the *Healing hub* was based on Indigenous knowledge and the experience of processing Indigenous community trauma from the impact of colonisation. This process was transferable to the community trauma from the flood; 'deep listening', moving slowly and observing the physical presentation of the person.

Deep listening, being grounded, working in a creating way, moving slowly, not running around like chooks with their heads cut off. Sometimes people came to the healing centre, and they did not know what for. I would observe and notice seeing their body language, their eyes. Pay attention, I learnt to slow down and take note in the chaos. (Participant 15)

4. Flexibility in service delivery:

Mental health and drug and alcohol counselling for example, responded to the changed situation by finding new ways to provide services; telephone, on-line and eventually securing physical rooms. As one participant recounted how they provided mental health counselling in the period after the emergency:

Solely really on the telephone... But we were fortunate enough to get temporary premises about a month after the flood, so we were then able to utilise some other sort of clinical rooms at the University. (Participant 19)

5. The need for systems advocacy:

Disruptions to the supply of resources, and inadequate responses from government departments resulted in the need for a systems advocacy.

I'm completely frustrated with bureaucracy over the fact that the lack of access we've now got to temporary accommodation. When we've got someone in the night, escaping, we don't have access to hotels. (Participant 2, FG 1)

Available accommodation offered by DCJ was one and a half hours away by car and with no means of transport, this was unworkable for many women and caseworkers.

6. The need for contract flexibility in disasters:

Many of the participants continued working throughout the crisis but adapted to the situation and worked outside their usual contracted responsibilities or/and adapted their methods of service delivery to the emergency. Organisations hoped that responding to the crisis would be considered an acceptable use of government grants that were earmarked for other activities but needed clear and early endorsement of this.

When a disaster happens all of the community organisations need to be able to know that that they will be backed by governments to respond. And if that happens, everybody can easily work together and get things done and then we can draw on government and community to fund that. (Participant 20)

This was an issue raised a number of times as there were many expenses that volunteers paid for out of their own pockets to help others who needed essential items.

These elements are aligned to anti oppressive, de-colonising social work methods and practice, and at a micro practice level reflect the focus on listening to clients, families, and communities that social workers work with, using listening and engagement skills and drawing out strengths and knowledge in developing solutions and ways forward.

8. Conclusion and recommendations

The aim of this research was, firstly, to focus on gender, health, and wellbeing in the context of the devastating Northern Rivers flood crisis of 2022 and, secondly, to draw out implications for social work curriculum and practice for a profession that is focused on serving vulnerable communities. We observed significant gendered impacts and resulting gendered needs. We found that adverse health and wellbeing impacts were exacerbated by a lack of government response to the disaster and a need for the community to save itself.

We noted gendered responses to the leadership vacuum – women spontaneously filled roles both in collaboration to warn and save people who were trapped by floodwaters, and in the following period. Women took on leadership roles in the community.

The work-load imbalance, threats to self and property and trauma impacts were very gendered and they support the findings in the literature review that women bear the burden of labour and the health impacts of disasters. This needs to be a key take-away.

In addition, we found widespread devastation must be responded to in a way that is commensurate with the unfolding crisis. The responses provided by the local community, particularly by women for women, were both informed and well suited to the disaster. They provide a positive model for future scenarios.

Women undertook the bulk of this work in the immediate response and stayed in these roles for extended periods following the initial emergency. They constituted an immediate disaster volunteer workforce and continued working at high levels of intensity for weeks, and months. This was common to both the paid workforce and those who took on voluntary roles. Women took on extra work to respond to the disaster at some cost to themselves. There were both emotional and physical demands that emanated from their roles. In the situation where social workers and helping professionals took on active roles during and after the initial crisis, there were significant health impacts with hospitalisations and longer-term impacts of exhaustion and an erosion of mental health.

The local women-led community hubs set up in several locations across the Northern Rivers, were established spontaneously to keep the community safe, provide a critical space for the community and as a distribution point for essential resources. These were spontaneous responses of women in the community that provide an exemplar model for disaster response leadership and action into the future. The collective nature of the responses, based on relational interactions of those who were in the same geographical location, or drawn together by the desire to join others, organically developed responses to each set of circumstances of each locality. This included joint problem solving, and sharing of power and community involvement, reflecting a flat hierarchy whilst retaining identified leaders or leadership groups.

The participants who relied on these hubs identified them as being sources not only of goods, but also of hope, moral support, and inspiration, providing a cohesion to the traumatised community. The hubs were inclusive, welcoming, and comfortable for people with diverse nonbinary gender, cultures, and ages. Importantly, they were also mechanisms for volunteering where those who were traumatised could take part in community rebuilding. Helping others at these hubs was experienced by many as compelling and a means of soothing their own trauma. These hubs reflected community engagement and resilience, demonstrating social capital in action (Madsen & O'Mullan, 2016).

In a number of instances, Aboriginal ways of knowing and being provided the basis of community-based inclusive trauma informed responses at a time of disaster. Respondents particularly identified the *Koori Mail hub* and the healing circles in the *Healing hub* as powerful ways of meeting the immediate material and psychological needs of community members and responding to this additional layer of trauma (Heris et al., 2022; Atkinson 2002). Study participants had a high regard for the way that the *Koori Mail hub* provided pivotal help to the community, that was inclusive of all, regardless of cultural identity and the positive communication from the *Koori Mail hub's* leadership provided a source of hope in the community.

Communication played a crucial role in this study as has been found in other disaster situations (McMartin et al., 2017). The use of community-based social media co-ordination and broadcasting of information to facilitate emergency escapes, provided critical information was a critical feature of the local response. In particular, the co-ordinated use of social media was used to create supply chains from all around Australia to the Northern Rivers as donations flowed into the area. It also continued to provide accurate information to the community in the long aftermath of the flood, as people considered their options for rebuilding, or moving homes.

This research considered the role of the helping professionals and social workers. We found that the collaborative, cultural community-based approaches which worked effectively in post-flood recovery are aligned to social work practice. The Social Work profession can learn from the Indigenous community-based responses that are embedded within a trauma informed approach (Menzies, 2020), that acknowledge multiple layers of collective trauma (Atkinson & Atkinson 2017), that were magnified for First Nations people already impacted by the collective trauma of stolen generations. The repeated trauma from flooding, echoes the collective nature of the trauma (Menzies, 2019), and signals the importance of collective healing. Heris et al. (2017) referred to the six principles of safety: empowerment, holistic support, connectedness and collaboration, compassion, caring, trust, and transparency in multilevel responses, well-functioning social systems, and provision of basic services. These principles were reflected in the way that local hubs operated and are a suitable basis for Social Work practice in disasters.

As well as collective healing, there was also a need for individual help. Participants noted the need for individual case workers to help them with post flood recovery in both seeking mental health support and in the practical navigation of process related to applying for grants. The

grant process was experienced as overwhelming and unmanageable for some who were still in shock or in the process of recovery from the trauma of the flood.

The mistakes made outlined above provide learning opportunities. There was a gap where government intervention and protection failed to materialise. Apart from the failure of early warnings, engagement of the Australian Army came too late, and the lack of safety in the evacuation centres points to the need for triaging and policing to ensure those who were vulnerable or who had specific needs were kept safe. Women and children were particularly vulnerable in the main evacuation centre, as both perpetrators of violence and victims were housed together. Establishing safety was a priority that failed to be achieved. Triage was also required oversight to manage the influx of outsiders who helped with clean up. This research identified the need for expert knowledge about disasters, and for there to be linkages at leadership levels across government departments.



Figure 11: Flood waters, Lismore 2022. © [Elise Derwin](#). Reproduced with permission.

8.1. Key recommendations

Any response by government or community must prioritise/support:

- 1.** the safety needs of vulnerable populations, including women and children, at all phases of disaster preparedness and post disaster responses;
- 2.** establishing triage systems to identify and respond to specific gender needs, including the provision of separate rooms for women and children in evacuation centres;
- 3.** access to health services as a priority for vulnerable populations during and immediately after a disaster;
- 4.** engaging women from the community in all phases of disaster preparedness and post disaster responses;
- 5.** the use of Indigenous frameworks in collective, community-based trauma informed responses;
- 6.** collaboration with and acknowledgment of community-based responses to disasters particularly those led by women that are essential services for the community's safety;
- 7.** funding of essential disaster related work undertaken by volunteer and community organisations; and
- 8.** inclusivity in providing opportunities for community members to both receive help and contribute to community healing activities.

Social work and helping profession educators/employers must prioritise/support:

- 1.** the use of strength-based approaches at both an individual and community levels, informed by Indigenous ways of knowing and being in trauma-based responses;
- 2.** ensuring that helping professionals are supported if in a dual identity role: responsible for the care of vulnerable people as well as being survivors themselves of a disaster; and
- 3.** ensuring managers of helping professionals recognise the stress of these roles and provide appropriate support and relief.

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**Published by the University
of Newcastle, 2023**

ISBN 978-0-7259-0221-6