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Introduction

Family-supportive disaster intervention policies do not figure much in policies about disasters. This is a paradox because it is common knowledge in disaster discourses that the 'family', however defined to be culturally appropriate and provides the first community-based respondents when disaster strikes (FEMA, 2015). Family survivors and neighbours are also catalysts that keep response and recovery interventions going when officialdom would like to halt proceedings and play vital roles in the remainder of the disaster cycle from prevention to reconstruction, initially struggling to survive and then move beyond that to thrive and enhance future resilience (See also Chapter 27 by Björnberg in this volume).

This chapter considers the absence of family-friendly policies in disaster discourses (Masten and Obradovic, 2007) and argues for its remediation, utilizing my research in Sri Lanka around the 2004 Indian Ocean Tsunami (Economic and Social Research Council (ESRC) funded the Internationalising Institutional and Professional (IIPP) project; China around the 2008 Wenchuan Earthquake, the Philippines after Hurricane Haiyan in 2013, Balkan floods in 2013; UK's floods of 2013, and 2015 Nepal earthquakes through my role as Chair of the IASSW (International Association of Schools of Social Work) Disaster Interventions Committee. These projects revealed that policy-makers presume availability of family resources for filling gaps formal providers leave from evacuation onwards. Consequently, contingency planners anticipate family resources, linked to women's informal care as available when needed, despite ignoring their support through policy-making (Dominelli, 2013b). Additionally, research exposes the neglect of individual family members' differentiated experiences of disasters (Coyne, 2013; Brown

and Westaway, 2011) which vary according to social divisions like gender, age, ability, sexual orientation, mental health and ethnicity. Thus, social policies formulated on a 'one size fits all' disadvantage women, children, older people, disabled people and others with specific needs and require changing.

I conclude by identifying those features that would comprise family-supportive policies that develop family resilience and well-being before, during and after disasters, and incorporate the differentiated experiences of disasters of each family member. These will have to encompass different hazard conditions and all social divisions relevant to a given situation, and be locality specific and culturally relevant as well. 'One size fits all' responses are *inappropriate*. The IIPP research on Sri Lanka exposed differentiated experiences of disasters within communities:

I was motivated to work with people of old age and who were poor. I worked with old people and poor communities. There were no professionals in the field. After we obtained the skills I felt how important it was to help these poor communities to grow and develop....[How social workers] went about the work really impressed me. I wanted to learn more. I saw how the elderly [sic] changed. How receptive they were towards the work that was done with them (aid worker interview from IIPP).

Defining Disasters

A disaster arises when hazards, risks, exposure and vulnerabilities combine to produce human suffering beyond victim-survivors' capacity to cope. The formula expressing this is Risk equals Hazard x Exposure x Vulnerability. In emergency parlance, a disaster is a substantial event that:

- Causes severe destruction of property, injury, and/or loss of life.
- Starts and ends at identifiable points.
- Impacts adversely on most of a population.

- Affects private daily routines, while formal responses occur in the collective ‘public’ domain, shared by many families, but experienced individually depending on gender, age, ability, ethnicity and other social divisions.
- Its scale requires external resources to enable individuals, families and communities to survive, thrive and enhance resilience following disasters.
- Is psychologically traumatic, causing distress in nearly everyone for a period (Saylor, 1993; Luthar, 2006; Dominelli, 2012; UNISDR, 2015).

Disasters are described as ‘natural’ if dependent on the physical forces of nature, e.g., earthquakes, volcanoes, and tropical storms; or, ‘(hu)man-made’ when attributable to human activities or behaviour, e.g., climate change, chemical explosions, armed conflicts and mass migrations caused by conflicts over territories, resources and ideological orientations as is occurring currently in Syria, Iraq and Afghanistan (Themne and Wallensteen, 2011) or induced by climate change. Both ‘natural’ and (hu)man-made disasters are increasing in frequency and intensity (UNISDR, 2015). Increasingly, these categories are considered permeable. Vitousek et al. (1997) argue that all disasters have a ‘human’ component. People have shaped the physical environment for so long that no place is exempt from their impact and this increases human vulnerability (Wisner et al, 2004). Melting ice-sheets, rising ocean levels, increased acidity in the ocean, increased frequency of flooding, and loss of biodiversity evidence such effects (Holland et al, 2008). Climate change can intensify earthquakes and volcanic eruptions in the earth’s dynamic ecosystem (Lamb and Davis, 2003; McGuire, 2012a, b). These positions are contested by climate change deniers, challenging scientific reports (Giddens, 2009; IPCC, 2014). Social workers who have to address the consequences of disasters from evacuation to full recovery should become aware of these debates and their implications for practice (Dominelli, 2012). Disasters are considered as slow on-set or rapid on-set, depending on their temporality (Yule, 1993). Slow on-set disasters may be years in the making, e.g., climate change; farming practices that erode soil and over-use of water, thus contributing to drought. Rapid on-set disasters are those that happen suddenly and are currently unpredictable, e.g., earthquakes.

How Disasters Affect Families

The United Nations (UN) defines a family as ‘the natural and fundamental group...entitled to protection by society and the State’ (United Nations, 1948). Families, the basic unit of society (Wilson, 2013), are charged with socialising children, looking after dependent members and providing them with resources and support according to individual need (Stack, 1996). Families are constantly changing or evolving. Thus, the nuclear family of Victorian England is different from today’s nuclear family. Families are considered malleable and there are many types of families encompassed by the term: nuclear family, extended family, lone-parent family, same-gender family, blended families, to name a few. Policy-makers idealise the family to assign responsibility for caring for vulnerable individuals, especially young children, disabled people, older people, primarily to women (Noddings, 2002), usually with limited state support.

Moreover, guidance on what families should do in a disaster does not consider what resources and support women require to carry out these responsibilities before or after a disaster. Families are expected to be ‘naturally resilient’, i.e., cope with whatever they have/get. My research on disasters (Dominelli, 2013) revealed that women were: subjected to sexual and physical violence (including women relief workers); discriminated against in aid distribution; expected to sacrifice all for their families; and behave according to existing, usually patriarchal, cultural norms. In Sri Lanka, cultural sensitivity for the Buddhist majority included building houses with a large and small kitchen for women to cook food in culturally-appropriate ways. However, many housing providers neglected this cultural tradition in post-disaster reconstruction and did not consult Buddhist women who would have told them this was a necessary housing item.

Nahid Rezwana (2015), describing the lack of support for women following both the 2007 Cyclone Sidr and 2013 Cyclone Mahasen in Bangladesh, shows how social policies assume that despite cultural and resource barriers women encounter in helping themselves or their families, especially children and older relatives, they will cope and fulfil their duties, pre- and post-disaster. Despite women’s lives being threatened by long hair and saris being caught in trees and debris flows because local tradition declares that women cannot alter these aspects of appearance and dress without drawing ridicule, they

struggle to survive and care for their dependents against all odds. Consequently, women lose their lives in disproportionately higher numbers. One of the women in Rezwana's (2015: 95) study explains:

A woman cannot run...A man can run and even take off their clothes...Women think, I have children, my honour and the honour of my husband...People may tease him [the husband] after disaster," your wife ran on the disaster day, taking off her clothes"...Whereas men take off their clothes and run for their live[s]!

The type of disaster, its duration, intensity, amount of destruction, and period of family displacement, whether internal (within or near a community's original location) or external (outside the area which can extend to another country), and cultural traditions can greatly influence family lives post-disaster. Psychosocial research suggests that the severity of the disaster experience can also be influenced by existing overall levels of adverse mental health conditions within a family (Ebata and Borden, 1995; Dyb et al., 2014). Other relevant factors that may exacerbate family vulnerability include:

- Parental incapacity.
- Substance misuse, especially alcohol and/or drugs by family members, particularly fathers and mothers.
- Increased conflict or violence against women, children and older people; and tensions around finances, roles, responsibilities, cultural expectations and aid distribution between members of one family and others in a particular community.
- Relocation of family members, especially children being sent to schools outside the local area and difficult for family to visit daily.
- Income insecurity and job losses among main breadwinners.
- Parents becoming physically and emotionally unavailable when seeking to restore the family's pre-disaster status and situation.
- Presumed or actual death of and missing family members.
- Aggravation of minor injuries which become aggravated by inadequate medical care and medicines.

- Lack of children's social networks or opportunities to engage in normal routines, organised leisure, and attend school (Milazzo et al, 1995; Ebata and Borden, 1995; Rezwana, 2015).

Differentiated Experiences of Disasters

Family vulnerabilities can be mitigated through advocacy and action prior to and after a disaster. Safe, well-sited, well-resourced, appropriately furnished and spacious evacuation centres that cater for differentiated family needs among children, disabled individuals, older people and women are essential in overcoming people's reluctance to use them (Rezwana, 2015). Having well-qualified medical personnel managing affordable, accessible, local medical facilities will increase family health resilience and strengthen family recovery processes before and after disasters. Policy-makers' slow responses to differentiated experiences of disasters among the populace have created social policies incapable of addressing diverse needs. Identity traits have been ignored in disaster risk reduction strategies despite being highlighted for some time. Morrow and Enarson (1998) emphasized neglected gender in policy following Hurricane Mitch, but responses to date have been insufficient (Dominelli, 2013a, b; Rezwana, 2015). Disabled people's needs in disasters have been considered more recently. The *Hyogo Framework for Disaster Risk Reduction (HFA), 2005-2015* replaced by the post-2015 Framework (HFA2) discussed disability from March 2012 by stating that:

Disability was recognized as an issue that has received far too little attention with the consequence of increasing exposure of the people with disabilities and missing the opportunity to draw on their unique capacities....[and] identified as a priority for concerted action in the HFA2 with calls for their necessary participation in decision-making processes for disaster risk management.

Disabled people in different countries have conducted research into their own specific needs, identified how to end discrimination against them during disasters and demanded that policy-makers provide resources for disabled individuals and their families. They

presented their endeavours at the 2015 Sendai World Conference on Disaster Risk Reduction, making that event inclusive of disabled people.

Children's specific needs have been defined primarily by adults asking family members and schools to protect them from harm. This includes protection from sex predators and people-trafficking rings; finding missing family members; and engaging schools in raising awareness of disasters and what children can or must do to protect themselves and alert their families (Nwe, 2005). Child protection rather than child agency has provided the major framework for such discussions, thus rarely involving children in deciding what would best meet their needs during disasters. Acknowledging children's agency is crucial in addressing their needs and involving them in post-disaster reconstruction. An aid worker in the ESRC Project in Sri Lanka suggested:

I would like to see more chances given to the children to work freely with children of their own age. It is also important to shorten the period that the children had to stay [in temporary accommodation] before they were able to go back to school, so that what the children missed was short[ened] and they would be able to catch up with their school work quickly' (aid worker interviewed in IIPP).

The IIPP Project also contained evidence that young people (children and teenagers) during the 2004 tsunami had complained that adults did not ask what they could do to assist in recovery and reconstruction initiatives, despite having many ideas to contribute to rebuilding processes. One young man illustrated the failure of authorities to channel young people's energies by taking his own action. With the support of his parents, he used a computer provided by aid donors to set up a business and provide villagers with email and computer services.

Identity attributes need recognition because these impact differently on people's experiences of disasters. Blaikie et al. (1994) and Dominelli (2012), among others, have identified population growth, over-urbanisation including mega-cities, large slums in fragile ecosystems, and global economic pressures to exploit scarce material resources as stretching planet earth's capacity to provide for humanity's needs, at standards of living

enjoyed by American families. Others have emphasised the extraction of fossil fuels through unproven technologies such as fracking (Climate Change Coalition, 2015), environmental degradation that impacts most adversely on poor people (Bullard, 2000), global environmental change, and war (Gleditsch, 2012) as of concern to families. These global pressures are shaping and exacerbating local family vulnerabilities to natural disasters by eroding physical resilience and soil stability. These matters require urgent scientific attention, formal state regulation and social policies at locally, nationally, and internationally to ensure that vulnerabilities are not aggravated.

Consequently, further research into different factors that impact upon physical and human – family and community vulnerabilities to disasters, and the complex interplay between them is necessary. Pelling and Uitto (2001: 55) talking about the complexity of issues that need investigation to enhance the resilience of families in small island states, argue that:

Differentiating vulnerability between small islands to inform policy decision-making is difficult because of a lack of accessible data on key variables such as rural and urban service provision, the quality of housing infrastructure, detailed locations for human settlements, adherence to construction codes, insurance coverage, food security, disaster preparedness and emergency services.

International coordination and discussions are required for evidence-based action to be taken (OCHA, 2014). Such debates have to be consensual and include all nations as legitimate stakeholders. So far, climate change talks have failed to obtain an international legally-binding solution that reduces fossil fuel emissions despite early intervention costing less than intervening later (Stern, 2006). Such agreement must not sacrifice development for poor people in the Global South. They have contributed least to the problem, but carry the largest burden in terms of its effects (McGuire, 2012a, b).

Despite these failings and known information gaps about the best ways forward, policy-makers have acknowledged the differentiated experiences of disasters, and the associated reconstruction processes afterwards, especially those linked to socio-economic and physical environmental development and sustainability within families and between

nations. Article 1 of the UN General Assembly's 1986 Declaration on the Right to Development explicitly recognizes links between rights and development. It asserts that:

The right to development is an inalienable human right by virtue of which every human person and all peoples are entitled to participate in, contribute to, and enjoy economic, social, cultural and political development, in which all human rights and fundamental freedoms can be fully realized.

This Declaration also called on each country to: 'take steps to eliminate obstacles to development resulting from failure to observe civil and political rights, as well as economic, social and cultural rights'. Action by all nations is needed to make resources available for green, sustainable development, take preventative action on greenhouse gas emissions (Dominelli, 2012) and promote family friendly policies. Green socio-economic development was deliberated at the UNFCCC (United Nations Framework Convention for Climate Change) COP 21 (Conference of the Parties, 21st annual meeting) in Paris in December 2015. Social work has been represented in these deliberations since COP 16 in 2010 in Cancun, Mexico through the International Association of Schools of Social Work (IASSW).

The post-2015 Agenda proposes to strengthen links between human rights and development goals, including rights-based approaches to poverty eradication to secure robust resilience. The *Sendai Framework on Disaster Risk Reduction, 2015-2030* also encompasses human rights and social justice. This comprises the first time these considerations have been included in formal disaster discourses.

<1> Families Responding to Disasters

Families in disasters seek to maximise their chances of survival against incredible odds like having lost family members, friends, neighbours, homes, livelihoods, access to services including schools, medical facilities, water, sanitation, transportation, communication systems, all their resources including money, important documents, deeds to housing, banking facilities, and access to humanitarian aid. These losses can have a

deleterious impact on a family's capacity to build resilience immediately after the disaster and/or long-term reconstruction. Women are particularly disadvantaged, often losing out in aid distribution through cultural barriers to their participation in post-disaster recovery and reconstruction (Pittaway et al., 2007; Dominelli, 2013; Rezwana, 2015). Men can lose much – livelihoods, family members, housing, and feel disempowered by the responsibilities associated with being the family's main breadwinner and protector. Some seek escape physically or psychologically by misusing drugs and alcohol or abusing their power through violence against family members, especially women and children, or fighting other men (Dominelli, 2014). One person in the ESRC Project commented:

[Camp life became more crowded] like communal living. So that did have an impact on...families. Alcoholism increased, drug addiction increased. More men became very lazy....Lazy because there was enough money coming in for them. They didn't have to go to work. The excuse was that they did not want to go to sea because of what they had seen - the tsunami and the people [drowning]. But the...real story was that they were getting enough money and they didn't want to tire themselves (teacher interviewed in IIPP).

Such behaviours indicate that existing difficulties between family members become intensified following a disaster. Supporting men through reconstruction initiatives, a concern usually neglected in emergency responses, constitutes an area of family-friendly policies requiring urgent attention (Dominelli, 2014).

Interestingly, current considerations are not only about individual families in disaster-prone areas of the Global South, preparing themselves for and responding to calamities. Families in the Global North, affected by flooding caused by increased moisture held in the air through climate change, are exposing policy failures. This includes the market's *incapacity* to support financial losses through insurance mechanisms when the risks are substantial. For example, substantial damage to property and land in southwestern England in the autumn of 2013, and northwestern England and southwestern Scotland in December 2015, have led victim-survivors to call for changes to actuarial assessments of flood risk in specific areas as the basis for insurance coverage.

They demand that risks are pooled more widely to ensure that everyone can afford insurance. The British government has been working for several years with the Association of British Insurance to develop a national scheme that covers even those living in flood-vulnerable remote areas. Their endeavours have led to the creation of the Flood Re Scheme that makes re-insurance for flood affected households more affordable through government subsidy and due to come into force in April 2016 (delayed from summer 2015) (BBC, n.d.; FloodRe, n.d.). Current discourses are primarily about ‘protecting the maximum number’ in economically sustainable ways, and accepting that ‘nature’ causes these events. While this analysis of flooding causes is faulty, the Scheme instances social solidarity because risk is pooled nationally. However, some individuals not affected by flooding resent their inclusion in the Flood Re Scheme. Moreover, these discourses say little about the emotional impact of these losses on individual families, and how people find non-family resources to build resilience once the cameras have gone. Another consideration relates to employers’ roles and responsibilities towards their employees’ families so that paid responders can undertake emergency responses without worrying about their families’ safety. Employer contributions to family well-being is coming under the spotlight in the Global North and seems crucial in improving performance of first responders and other professionals supporting victim-survivors (Landahl and Cox, 2009). This latter point indicates that these families are both victims of a disaster and survivors trying to cope and develop resilience when key members are unavailable to support them. Aid workers can be both victims and survivors who need resources and support, especially if their assistance is required for lengthy periods of time. Cronin et al (2007) argued that supporting practitioners in developing and abiding by the tenets of self-care prevents burn-out and increases efficiency and effectiveness in helping others. Post-traumatic stress of various degrees applies to both victim-survivors and aid workers and can undermine resilience if their worries fester without assistance (Dyb et al., 2011).

Luthar (2006: 780) concludes that ‘resilience rests, fundamentally, on relationships’. This may stress families that have difficulty establishing good relationships or increasing their social capital and/or networks without additional support. Expectations that families tackle their own problems can exacerbate poor family

relationships that preceded the disaster, e.g., situations with existing income inequalities and/or violence. Goldstein and Brooks (2005: 23) argue that ecological transactional system approaches more adequately reflect ‘individual differences in developmental pathways and contextual variation within families, communities, societies, cultures, and historical periods’. Policy-makers have to address variations in differentiated experiences of disasters to build robust resilience that goes beyond ‘building back better’ and embed these within families and communities.

Family-Friendly Support

Vulnerability within families varies according to age, gender, ability and ethnicity. The risks families face are further complicated by the type of disaster, its duration, degree of preparation, mitigation of risk and access to resources to assist evacuation, recovery and reconstruction. Many families remain unaware of key strategies for mitigating risks and caring for themselves, their families and neighbours following a disaster (Kellett et al., 2014). Many families do not know the science behind the risks they face, have access to early warning systems, or receive training on resilience-building after previous disasters. Preparation and prevention form significant elements for families to consider when developing resilience under adverse circumstances. Suggestions for families preparing to act with greater resilience after a disaster occurs follow.

Families taking control of their situation to enhance their capacity to react before, during and after disasters achieve greater resilience. Adults, usually the parents, take responsibility for the safety and well-being of those relying on their assistance. However, the entire family should be involved in decision-making to ensure that the specific needs of each member are met, reach consensus for ways forward and negotiate actions listed below:

- Identify hazards in their environments (workplace, home, school) and consider which might lead to emergency situations/disasters.
- Consider how to mitigate the risks these hazards pose before disasters occur.
- Discuss as a family their possible reactions in an emergency, including their fears and hopes.

- Consider how each family member might find his or her abilities compromised in an emergency or disaster, especially their ability to cope and act independently if they have to find their own way to safety? Afterwards, discuss strategies for empowering each individual to safeguard their own safety and that of others, and how to access external resources.
- Develop the family's contact list including those outside the local area who may be easier to reach when local communications are inoperative or restricted, ensure each person has his or her own copy and knows what to do with it.
- Identify a place where the family can meet when safe to do so.
- Put together an emergency kit ('go bag') that includes extra batteries, first aid materials, at least 72-hours supply of food, water, special medications, battery-operated (solar-powered or wind-up) torch (flashlight) and radio, and personal supplies. For babies and toddlers, personal supplies include milk formula, diapers of the correct size, non-water-based soaps or hand and body washes; for nursing mothers include ointments to protect the nipples and keep them clean; and for post-puberty, non-menopausal women and girls, sanitary towels. Ideally, each person should have their own kit, adapted to what they can safely carry. Copy important documents, e.g., identity cards/passports, house deeds, and carry them in this kit.
- Consider how to protect family pets and animals before an emergency arises, including identifying a place of safety, who will take them there, when and how. Discuss scenario planning, participatory mapping of relevant sites and services, and possible options.
- Develop and agree a family evacuation plan that is flexible enough to respond to what actually happens during a disaster.
- Update family emergency preparedness and evacuation plans regularly. A number of websites that can assist in this task include those of the Red Cross, United Nations OCHA, European Union's ECHO and American Federal Emergency Management Agency (FEMA), used to compile this list.

Individual families can help themselves, but need family-friendly policies and external resources to cope with and then thrive after a disaster. This may include support in resolving family-based problems that preceded the disaster, especially around domestic violence, substance misuse, resource inequalities, and building their lives anew. Actions to realise human rights and social justice should be endorsed locally, nationally and internationally.

Implications of Family-Friendly Disaster Responses for Policy-makers

Masten and Obradovic (2007: 18) claim that families have insufficient space in policy-making debates:

The apparent lack of consideration and support at the family level in disaster planning is surprising given family responsibilities and the ease with which they can be reached through connections with schools, neighbourhoods, medical facilities, grocery stores, and other local settings.

Their statement suggests that policy makers can access family members through various local spaces and obtain their views about specific policies that would help them during disaster interventions. They can also utilise formal means, including consultation documents, online surveys and disaster-specific referenda.

Policies should address the needs of all families including those of first responders and facilitate family-preparedness in the workplace and at home. Despite the variety of views about what to do and where responsibilities lie, first responders' energies should not be distracted by worrying about their own family's safety because attention was not given to their disaster awareness and risk reduction activities prior to a calamity occurring. Disaster prevention strategies, pre-disaster training and preparation, a family disaster plan that covers evacuation and whom and how to communicate with each other during a disaster play crucial roles in allaying fears and building confidence in individuals, families and communities. Policymakers can support family-resilience building mechanisms and allocate the resources necessary to:

1. Fund community-based emergency and disaster risk reduction and awareness training that involve all family members in age-appropriate discussions at home, school and work.
2. Prepare all families for potential disasters by having first responders work with them to devise family emergency and evacuation plans as part of their preventative and preparedness strategy.
3. Build evacuation centres that are:
 - Located in easily accessible, safe places.
 - Well-provided with space and resources to meet the different needs of each family member, especially those occurring along gender, age, ethnicity and disability lines.
 - Situated near well-staffed, well-equipped, easily accessible medical care facilities.
 - Equipped to provide a normal routine for children, including schooling, age-appropriate toys, equipment and leisure activities.
 - Able to refer people to other services and provide the resources and transportation to get there.
 - Create safe, pet-friendly places nearby so that owners can see pets regularly without antagonising other evacuation centre users.
4. Provide well-staffed mental health and psychosocial support services capable of meeting differentiated needs.
5. Monitor and evaluate evacuation centre performance after a disaster.
6. Plan and facilitate community reconstruction endeavours that involve local family members in deciding what their re-created community will look like, where it will be sited, and what facilities it will have. This should include enhanced community resilience, leisure amenities, risk mitigation, prevention and preparedness regarding future disasters, address socio-economic inequalities including poverty through improved livelihood and income generation schemes, better housing construction, transportation, communication, sanitation, and water supplies.

7. Undertake research to improve future responses at all stages of the disaster intervention cycle (prevention, preparedness, immediate relief, recovery and reconstruction).
8. Endorse human rights and social justice through disaster intervention policies and practices.

Policies to Support Practitioners Assisting Families in Disaster Responses

Besides devising family-friendly policies that respond to differentiated needs among different family members, policy-makers should promulgate policies for practice and support practitioners for the essential work they do with individuals, families, and communities before, during and after disasters. Such policies should assist practitioners in:

1. Ethical Behaviour. Acting ethically, ensuring no harm is caused by what is done or not done.
2. Assessing Differentiated Needs. Assessing needs thoroughly and taking account of each individual's differentiated requirements and experiences.
3. Partnership. Encouraging partnership working between practitioners and families.
4. Resources. Providing sufficient resources for practitioners to intervene effectively.
5. Training. Supporting practitioner training that equips them adequately for the stressful circumstances encountered when supporting other people and their own families who may also be disaster victim-survivors.
6. Disaster Intervention. Supporting practitioners' capacities to intervene at all stages of the disaster cycle – prevention, preparation and mitigation, immediate relief, recovery and reconstruction.
7. Spatial Intervention. Supporting practitioners' interventions at all levels: locally in micro-level practice: regionally and nationally through research that provides frameworks for intervention that can cover similarities and differences in experiences; and internationally through advocacy that addresses the universal aspects of policy and practice including human rights and social justice.

8. Coproduction. Engaging families and communities in coproducing strategies for practice and action plans.
9. Emotionality. Preparing practitioners and their families for the emotional demands of their work and providing psycho-social resources for this purpose.
10. Interdisciplinarity. Sustaining multidisciplinary and multi-professional approaches to practitioners' endeavours.
11. Advocacy. Supporting and responding to practitioners' advocacy efforts, particularly those aimed at learning from past experiences, enhancing resilience in future disasters, and passing social policies relevant to particular communities.
12. Supportive supervision. Financing team working and supervising practitioner to the highest standards.

Policy-makers, regulators and dispensers of resources, and governments have a considerable agenda of initiatives to mitigate disaster risk and promote sustainable development requiring urgent attention.

Conclusions

Family members and neighbours are among the first responders to disasters. The policy void currently left by the neglect of family-supportive policies for families to survive and thrive before, during and after disasters must be filled with family-friendly policies that strive to achieve precisely these goals. These policies should cater for different family types, differentiated individual experiences of disasters, and uphold human rights and social justice. Responding appropriately requires policy-makers to understand how family units operate and how their efforts may supplement those taken by the state, other helping organisations and commercial providers. Families have collective needs alongside specific individual member needs. This means that a 'one size fits all' approach to disasters is inappropriate and possibly dangerous, because it can exacerbate risks rather than reduce them. Families require additional resources and training to become disaster resilient. Social workers can play a crucial role in advocating for and lobbying policy-

makers to ensure that the necessary changes are made to the political agenda for the delivery of family-friendly policies for disaster interventions in practice.

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