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Editorial Introduction

Climate change is escalating the frequency and intensity of natural disasters faced by communities across Australia, challenging our ability to plan for and respond effectively. A mobilised, skilled and sustainable surge workforce capacity is critical to supporting the recovery of disaster-affected communities. Coordinated military assistance and grassroots volunteer movements form part of this surge response and have received a high-level of interest. However, the redeployment of public servants, health and social care professionals and other paid workers remains another important yet under-investigated component. This briefing paper is concerned with paid surge workforces and the impacts of a depleted capacity across our social and health systems for communities, service provision and workers themselves during, and beyond, a disaster.

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The capacities of workforces to 'surge' on demand: An unfolding disaster

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Introduction

The intensity, frequency and impacts resulting from natural disasters are increasing across the world (WHO, 2024). Natural disasters can be geological, hydrological, meteorological or climatological and include earthquakes, floods, landslides, extreme storms and droughts (WHO, 2017). A natural disaster may also be biological and include the emergence of new diseases as seen with COVID-19. Collectively, natural disasters have profound implications for social infrastructure such as health systems, including in wealthy countries like Australia, where future generations face increases in the severity and frequency of heatwaves, droughts, bushfires and floods that will place an unprecedented burden on an already eroded health and social service sector (Malatzky, 2024).

In this context, the temporary redeployment of public servants, health and social care professionals and other paid workers to create a 'surge' workforce for assisting disaster-affected communities, has become a common government strategy in Australia. In Queensland for example, the Ready Reserve is staffed by permanent public servants who are mobilised to assist in disaster-affected communities (Queensland Government, 2020). This surge workforce is comprised of early responders (e.g. redeployed Qld government staff) rather than first responders (e.g., police, fire, ambulance, State Emergency Services). A similar model was also formalised by the Federal Government in April 2021, seeing more than 3,000 staff deployed and 70 requests fulfilled in the first six months (APSC, 2024). At a meso level, similar structures exist within the health and social care sectors, where managerial staff are reallocated to frontline roles in the event of increased demand, as occurs in the aftermath of natural disasters. This surge workforce functions alongside emergency services' networks of informal and formal volunteers to assist community recovery (Figure 1).

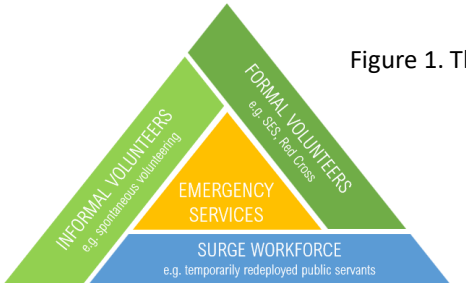

Figure 1. The disaster workforce

The current approach to disaster surge workforce management, however, has several notable weaknesses. Firstly, it is often solely targeted towards the acute *response* phase of a disaster. Thus, while a high level of training and onboarding is provided for first responders, unlike formal volunteer agencies (i.e. state emergency services, Red Cross), redeployed staff are often not well acquainted with the earlier prevention, preparation or later recovery phases of the Prevention–Preparedness–Response–Recovery model for effective disaster management (FitzGerald et al., 2024). Further, the temporary redeployment nature of this model means engaged workers may not always be suitably equipped with the technical nor social knowledge and skills needed to carry out tasks to the fullest potential and need. Finally, and importantly, surge capacity models assume there is sufficient give or slack in our systems for staff to be redeployed without undermining important business as usual operations. A sustained focus on efficiency in the management of our public service has largely eroded intra-organisation surge capacities during routine times, let alone times of disaster. The redeployment of staff therefore often comes at the expense of addressing longer term priorities, for instance strategic planning and efforts to enhance system equity.

Impact on communities

Surge workforces deployed in Australia have attracted a range of complex critiques from communities, especially regional and rural communities impacted by disaster (NMHC, 2021). In such contexts not addressing the risks and weaknesses associated with current surge workforce strategies highlights an equity issue for rural and remote residents. Indeed, a key theme across critiques has been how place context and local knowledge is overlooked in disaster response and recovery efforts. This leads to a loss of community trust and respect in some agencies; a trust and respect vital to maintain for responding effectively to future disasters.

For example, during the 2017 Lismore floods, the work of locally based employees and volunteers was praised. However, there was significant critique of remote disaster management agencies which reflected distinct power imbalances between local and external workforces based on differentials in expertise, and/or socio-economic, gendered, place-based (rural/urban) or racial hierarchies and/or stereotyping that can inhibit communication (Darab et al., 2020; Lismore Citizen's Review Group, 2017). This echoes concerns raised in other settings about how disaster management agencies have become predominantly focused on systems, infrastructure, and equipment so they can be technically competent, rather than developing capacities to seek out and embrace local knowledges (Cavaye & Ross, 2019; Darab et al., 2020) or indeed to provide services appropriate to the setting in which the disaster has occurred (NMHC, 2021). Socio-technical systems thinking, which recognises technical, social and environmental domains as equally important in managing complex systems (Pasmore, 1988), may offer important insights for a more holistic approach to disaster management.

A lack of focus on understanding and responding to specific local context has particular implications for Indigenous communities for whom grounding in-place is a key component of culturally appropriate and relevant care (NMHC, 2021). This is also the case with recently arrived migrant and refugee communities who face multiple vulnerabilities that are likely to be exacerbated during and after disasters due to language barriers, low income, poor and unsecured housing, unfamiliarity navigating complex health and social care systems, and limited social support among others (Mazdiyasni & AghaKouchak, 2020). In these circumstances, a crucial element of early settlement for newly arrived migrants and refugees is the development of trusting relationships with services and programs. These relationships can be significantly impacted when staff from these services are redeployed to other areas or new staff are brought in as part of the disaster response.

These two workforce changes, one associated with new staff, the other a loss of staff, have distinct implications. For example, new staff may not be familiar with cultural contexts and protocols which can lead to misunderstandings and communication and relationship breakdowns, leaving clients and communities feeling excluded and isolated, at a time when critical support is needed. Loss of staff, due to redeployment, can impact on the wellbeing of clients as they are required to re-establish trust with other staff members, or they might perceive that their needs are not being met due to staff shortages. These situations can seriously impact on the short, medium and long-term post-disaster recovery of disadvantaged communities.

As the National Mental Health Commission report (2021, p. 47) noted, it is important for local community members to connect with service providers who 'get' the experience of the disaster and the nature and longevity of a disaster recovery process. Often, service providers from outside do not 'get it', which has led to community members describing feelings of exhaustion, frustration and diminishment. Such community experiences highlight the importance of "'deep engagement' with affected communities" and locally-led responses, which, while recognised in official government documents, are not routinely enacted (Royal Commission into National Natural Disaster Arrangements, 2020, p. 18). These experiences are a critique on the importance of preparedness and training of external personnel. They also recognise that external services depend on local support – a local champion and facilitator – to maximise their effectiveness. However, these local champions will assume this role on top of their existing role in the community as well as their personal circumstances.

Impact on 'usual' service provision

When a workforce is redeployed in response to a disaster, there are a range of consequences for the continued operation of existing services. During the early stages of the COVID-19 pandemic for example, non-government mental health services faced significant challenges in having to quickly transition their services to online platforms, with limited financial resources and technological expertise. Additionally, the continuity of services for clients from disadvantaged backgrounds who lacked access to technology and/or had limited IT literacy, was temporarily compromised. Importantly, although some of these services had developed the necessary expertise to work with communities from culturally and linguistically diverse backgrounds and were able to continue supporting them during the pandemic, their capacity to refer clients to other 'mainstream' services was impacted as those services mobilised their workforce to more 'urgent' tasks in response to the pandemic. This scenario highlights some of the broader long-term impacts of temporarily relocating or deploying staff to manage emergent priorities; existing workforce shortages can be exacerbated. In turn, tensions can be created between services or departments that result in service delivery inequities, and higher rates of burnout, resentment or overwork amongst those 'left behind'.

It is also important to highlight how the redeployment of staff leads to a temporary loss of corporate knowledge, delays in strategic planning and other non-urgent but important business-as-usual work. Here, ways of thinking about system efficiency and 'slack' become important (Zinn & Flood, 2009). For organisations in sectors facing greater uncertainty, like in healthcare where climate change and increased natural disasters are creating such an environment, there is a need for greater slack (Kim et al., 2021); or, as Zinn and Flood (2009) articulate, greater 'muscle' with which to innovate and improve systems.

Impact on workers

It is claimed that being part of a surge workforce offers participants the opportunity to learn new skills, broaden experience, and expand professional networks (Coade, 2023). However, there are a range of other less positive consequences for workers utilised in a surge capacity during disaster and recovery (see figure 2). Surge workforces are comprised of workers who have been temporarily translocated from either their geographical base or their area of expertise, and in many cases both. This exposes them to additional stresses which often exacerbate many preexisting stresses of operating in a resource constrained sector.

Surge workforce staff typically receive little notice of deployment, are expected to work long hours and relocate close to disaster sites with limited access to amenities such as hot showers, hot meals, and electrical power (Buss & Thompson, 2015). Surge workers are typically required to undertake work in unfamiliar areas and may be expected to engage in significant unsupported emotional labour associated with outreach activities, loss verification, comforting disaster victims, violence, microaggression and vicarious trauma (Buss & Thompson, 2009; Raveis et al., 2020). While research indicates that rates of post-traumatic stress disorder are lower for first responders than those directly impacted by a disaster, they are higher than the general population (Galea et al., 2005) with certain types of first responders, such as volunteers, more at risk of adverse mental health outcomes (Mao et al., 2018).

Figure 2. Impacts on surge workers in disaster-related contexts

There are significant challenges associated with managing disaster surge workforces and safeguarding their wellbeing. Further research is required to understand how members of the surge workforce experience disasters and how their wellbeing can be safeguarded as they seek to support community recovery. However, it is clear some key strategic actions are required to enhance capacity, preparedness and wellbeing within the surge workforce. These include providing appropriate site and job induction as well as training related to new roles, which needs to be planned for, funded and provided. There is also a need to ensure that care for worker wellbeing extends beyond the placement to support workers who may have experienced vicarious trauma.

Conclusion

Expanding surge capacity requires an overall increase in worker numbers to manage concurrent disasters. However, workforce capacity cannot be measured in increased numbers alone. We also need to ensure that the existing workforce is adequately trained and prepared for redeployment (Kunkel, 2020), but also in prevention and preparation, and later phases of recovery to ensure understanding of, and skills across, the full spectrum of the work. This includes the complexities involved in integrating temporary staff into existing teams and different place locations where power differentials are at play. Clear communication between home and host services or departments about mechanisms for temporary transfers, scopes of practice and on-going support to workers is essential. It is also imperative that the wellbeing of surge workers is

monitored in real time and after a disaster. Surge workforces should be embedded in ways of working led by local actors, but there needs to be explicit acknowledgement of the burden this may place on local community members who have professional and personal responsibilities.

While surge workforce capacity as a key disaster management strategy has been the explicit focus here, it is important to put this emphasis into perspective. Within our current global economic system, the convergence of natural and human-induced disasters contributes to the escalation of climate change by creating broader political environments that support continued inaction on upstream determinants (e.g., we must address the current 'crisis' rather than fundamental root causes) and eroding the capacities of communities responding to serious, and fundamental changes to human existence (Romanello et al., 2022). Our existing reserves can only take us so far; we need to work towards reshaping, at an equally fundamental level, the social and political infrastructure underpinning our communities.

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