Local Social Services in Disaster Management: Is there a Nordic Model?

Abstract

The Nordic states have extensive welfare systems in which the local social services are an important component. Despite a growing research on ~~societal~~ disaster resilience, we lack research examining in systematic way whether and how local social services in the Nordic countries contribute to ~~such~~ resilience. Aiming to fill this gap, this article asks whether we can identify a common Nordic model of the role of local social services in disasters, or whether the countries have taken different paths. We use policy documents and legislation to examine the extent to which roles for local social services are embedded in the disaster management systems of the five Nordic countries. We analyze the institutional organization in each country, as well as the models of social services related to disasters from a comparative perspective. We find that the Nordic countries have chosen quite different paths regarding local social services' role in disaster management. A general conclusion is that the governments of the five countries ought to strengthen the position of local social services within the disaster management system as a way to enhance disaster resilience in the Nordic countries as a whole.

Introduction

Protecting the health and wellbeing of people is one of the main goals of efforts to reduce disaster risk internationally. The Sendai Framework for Disaster Risk Reduction (approved by 187 nations in 2015) expands such efforts, from managing risks to addressing vulnerabilities and capacities of people, thus widening the scope of the actions needed in prevention, preparedness, response and recovery of disasters. This international framework aims for recognizing all stakeholders of societies as vital in the work (Aitsi-Selmi and Murray, 2016). The shift from focusing on managing disasters to managing risks calls for a wider understanding on how to enhance communication and co-operation between individuals, families, communities, and organizations in the public, private and voluntary sectors. Moreover, the managing of disasters is no longer regarded as a task for trained experts only. Such management is a shared task of a prepared and resilient society. Hence, improving disaster risk reduction and management demands new knowledge and methods centered on how to enhance the participation of all potential partners (Rowlands, 2013; Danielsson et.al. 2015).

When communities and organizations face disasters, local level actors are often the first ones to respond (Alexander, 2015; Dynes, 2006; Henstra, 2010). Since the role of social services is to serve individuals, families, and communities at the local level, these services feel the

impact and respond immediately when disasters strike. Social workers' role in disasters has traditionally been crisis intervention, grief and bereavement counselling and psychosocial support for the affected (Elliott, 2010). Internationally, we find even wider range of research on social services' and social workers' involvement in disaster response and recovery. In addition to psychosocial support, their role range from delivery of food and clothing for the affected to conflict mediation and support for community development and reconstruction (Rapeli, 2016). Earthquakes in Iran (Aghabakhsi and Gregor, 2007), Japan (Araki, 2013), and Taiwan (Chou, 2003), bushfires in Australia (Du Plooy et.al, 2014, Hickson and Lehmann, 2014) and airplane crash in Great Britain (Newhill and Sites, 2000) are examples of the scenes for social services' and social workers' response. However, many scholars call for better acknowledgment of social services and workers as vital partners in disaster management (Alston, 2007; Dominelli, 2012).

The Nordic countries have extensive and near universal welfare systems, in which local social services play an important role (e.g. Rostgaard & Letho, 2001; Andersen et al., 2007). Despite a growth in disaster research emphasizing the significance of disaster resilience in the Nordic countries, only few single case studies have focused on how local social services are involved in disaster and emergency management. A literature review of articles or reports (Eydal et al., 2016) addressing the roles of the social services identified only two on-going projects, one in Finland (Rapeli, 2017) and the other in Sweden (Cuadra, 2015). Thus, there is a need for a broad discussion and comparison of the role of social services as a component of disaster management in the five Nordic countries (Denmark, Finland, Iceland, Norway and Sweden). In this article, we ask whether there exists a Nordic model of the role of local social services in connection to disasters or if the countries have taken different paths.

Disaster Vulnerability, Resilience and Social Services
Disaster risk reduction aims at analysing and managing the causal factors of disasters. This includes reducing exposure to hazards, for example, but also wise management of land and the environment, and improved preparedness for adverse events. Contingency planning is one part of the managing process of response aiming at reducing disaster risk (UNIDISR 2009). Among the goals of disaster risk reduction, peoples' resilience, wellbeing and mental and physical health are a high priority (Aitsi-Selmi et al., 2015). Disaster resilience is here understood to be both individual's and communities' ability to cope with and recover from disasters. Resilience arises from the social order and thus, enables enhancement pre- and post-disasters with intentional actions (Tierney, 2012: 5-6).

Vulnerability is an important concept in understanding disaster risk reduction, as disasters are products of social, political and economic environments. We need to analyze risks

related to disasters in connection to the vulnerabilities created in everyday lives of people (Wisner et al., 2004: 4). At the same time, the concept of vulnerability is vital for social services and social work as they serve vulnerable populations and aim to increase the resilience of people (Zakour and Gillespie, 2013). *Disaster vulnerability* is the degree to which individuals, groups, and societies are exposed to the impact of hazards. People's living conditions, both social and geographical, vary, and this makes them either less or more vulnerable in disaster situations (McEntire, 2007). Disasters are likely to have worse effects on people with poor social status, small children and people with a weak social support network (Gillespie, 2010). For example, in the hurricane Katrina, factors such as wealth, race and age made a huge difference in the impact of the disaster on different people in the same society (e.g. Masozera, et al., 2006; Sharkey, 2007). Preparations for disasters tend not to consider the greater vulnerability of elderly people and people with disabilities, caused by their reduced functional capacities and more complex needs (Claver et al., 2013; Priestley and Hemingway, 2007).

While vulnerability is a central concept in understanding disaster risk, it is essential to avoid victimizing people exposed to disasters. Instead, one should emphasize the resilience and adaptive capacity of individuals and communities (Wisner et al., 2004). Resilience cushions people and communities from adverse consequences of disasters (Tierney, 2014:166). Social services play an important role at the local level in enhancing the resilience of individuals and communities, not only in relation to disaster, but in everyday life (Cuadra, 2015; Danso and Gillespie, 2010). Local social services possess knowledge relevant to the organizations responsible for preparing for and responding to disasters. In the Northridge earthquake in California, for example, the rate of recovery reflected underlying class structure and distribution of services. Hence, families with low socioeconomic status waited longer for permanent housing than people who were better off (Bolin, 1993).

Some studies have found an increase in family violence and child abuse following disasters (Catani et al., 2010; Curtis et al., 2000). In this context, the role of social services, in aiding and referring victims of violence to further services, can be crucial. When rebuilding lives post-disaster, social services can help facilitating community development, restoring livelihoods, providing psychosocial support, and enhancing capacity in local communities (Mathbor, 2010; Cronin et al., 2010). A literature review (Rapeli, 2016) on the role of social services in times of disaster shows clearly how the local social services in various countries have played both extensive and important roles. Furthermore, the literature suggests that the role could be even bigger if the full potential of the services were applied pre- and post-disasters. This would enhance resilience of individuals, communities and societies as whole (Dominelli, 2012).

Main traits of the Nordic Welfare States

Compared with most countries, the Nordic countries have more extensive welfare systems and more encompassing social safety nets based on norms of universalism and non-discrimination. To greater extent than other countries, they provide social protection as rights rather than as charitable handouts. Nordic welfare systems are committed to ensuring adequate protection for all individuals in times of need. Overall, cash benefit levels are relatively high but the generosity varies depending on the particular ~~risk~~, benefit and country in question (e.g. Kvist et al., 2011). All citizens (usually all with legal residence) are entitled to cash benefits in case of childbirth, sickness, unemployment, disability and old age. In several cases, the amount offered depends on prior earning records, length of legal residence and other factors. In addition to social insurance benefits, all the Nordic countries provide means-tested social assistance to those who have exhausted other possibilities of income. Depending on the Nordic country 4-8% of all families receive means-tested social assistance annually (NOSOSCO, 2015). Nordic welfare systems deliver to all those with legal residence in the country necessary social and health care services and education. All provisions aim to support people to be actively participating in society and, when possible, also active in the labour market (e.g. Hvinden and Johansson, 2007; Anttonen, et al., 2012; Harsløf and Ulmestig, 2013).

Local authorities (municipalities) are responsible for providing social services, such as child protection, care for the elderly and disabled people, support for people in difficult life situations, and means-tested social assistance for those with no or insufficient sources of livelihood. They do so alone or in cooperation with the regional or state authorities. These services constitute an important component of the Nordic welfare system, ensuring the basic needs of all citizens are met, as well as providing a wide range of services, including both preventive and care services (Anttonen et al., 2012). While the state legislature provides the legal framework for local social services in the Nordic countries, the content, quality and volume of services might differ between municipalities in the country in question. How much the state contributes to the financing of social services differs from country to country, and contributions vary between different types of services (NOSOSCO, 2015).

Following the economic crises in the 1990s and after 2008, research institutions have conducted extensive investigations on their short- and long-term effects on the welfare of people in the Nordic countries, including on the extent to which Nordic welfare systems were able to protect people against the more adverse effects. However, there is little research on the role of these systems in relation to other types of disasters (e.g. Cuadra, 2015). The roles of social services have been discussed in relation to psychological first aid and psychological debriefing in projects that

emphasize psychosocial support (e.g., Bernharðsdóttir, 2001; Eydal and Árnadóttir, 2004; Nieminen Kristoffersson, 2002). The roles of social services have also been analysed in projects on local disaster management (Cuadra, 2015; Eydal and Ingimarsdóttir, 2013; Rapeli, 2017; Þorvaldsdóttir et al., 2008), in projects on communication in disasters (Danielsson et al., 2015) and on services for disabled people (Sparf, 2014). However, there is no systematic comparative research on the role of local social services in times of disaster in the Nordic countries.

Despite the overall low-risk profile of the Nordic countries (Alliance Development Works, 2013), in recent years all the countries have faced major crises due to natural, technical and intentional human induced hazards. At the same time the frequency and severity of disasters is on the rise globally (IPCC, 2014). Hence, even though the Nordic countries have been able to protect their citizens from social ills relatively well, the welfare state is facing more complicated tasks than before. In this study, the term disaster refers to disasters and crises which can be both natural and human induced. The focus is mainly on disaster and emergency management, although, as social services and social workers aim at improving the life and conditions of marginalized and vulnerable people (Elliott, 2010) we refer also to disaster risk reduction.

Methodology

This article presents the results of a comparative policy analysis undertaken as a part of the research project 'The Nordic Welfare Watch in Response to Crisis' financed by the Nordic Council of Ministers (Eydal et.al. 2016). The data consists of laws and regulations, policy documents, reports and public records from all the Nordic countries. The authors gathered laws and regulations on the disaster management system and on social services along with policy documents and reports in these two sectors. In addition, the authors used public websites as sources of information on the subject studied. The timeframe for the data collection was between April 2014 and August 2016.

While we planned the indicators on which we carried out the comparison between the Nordic countries, we considered the literature on evaluation of contingency planning and disaster management (e.g. Alexander, 2015; Henstra, 2010; Quarantelli, 1997). In the comparison, we adopted indicators on whether there in each country existed:

- o Any obligations for preparedness and contingency planning in the general legislation on disaster management,
- o Such obligations for preparedness and contingency in the specific legislation on social services,
- o Legislation specifying the roles for social services in the case of disasters,

- Provisions ensuring that the national level council / committee of disaster management in each country had representation from and knowledge of social services,
- Guidelines for social sector contingency planning in the country,
- Volunteer organizations that provide social services in case of disasters and whether these organizations have agreed on the services with local/national authorities.

Describing a variety of country's policies and institutions using a common framework and the same concepts is a challenge. Despite similarities, each country has its own unique mix of hazards, vulnerabilities, and national framework for disaster management. However, our team that conducted this study came from all five countries. We were well acquainted with the systems for emergency management and welfare provision of their respective countries. We planned the study jointly and discussed results together during the project. In addition, advisory boards from each Nordic country provided extensive, detailed and valuable comments and reflections during the study. The members of the advisory boards, which had five to seven members each, 31 persons in total, represented social and health care services and administration, rescue services and disaster management and disaster/crisis research of the respective countries. The advisory boards confirmed the team's interpretations of the available data.

Results

The Nordic countries have comprehensive systems of disaster and emergency management. These systems build on similar main principles, that is, responsibility, similarity, proximity and cooperation. In addition to national disaster management, wide Nordic cooperation have been established in the field which is based on state agreements (Bailes and Sandö, 2015; Rapeli and Haikala, 2014). However, the overall organization of emergency management differs from country to country. The respective national institutions overseeing emergency management are as follows:

- Denmark: DEMA (Danish Emergency Management Agency) under the Ministry of Defence
- Iceland: DCPEM (Department of Civil Protection and Emergency Management) under the Ministry of the Interior,
- Norway: DSB (Directorate for Civil Protection) under the Ministry of Justice and Public Security,
- Sweden MSB (Swedish Civil Contingencies Agency) under the Ministry of Justice.

The Prime Minister's Office in Finland co-ordinates tasks in times of major disaster, while on the local level it is the rescue services that most often takes the lead of emergency situations (Finnish Ministry of Defence, 2011).

Table 1 summarises the results regarding the involvement of social services in disaster and emergency management in the Nordic countries.

Table 1.   Comparison of social services' involvement in the disaster and emergency management system in the five Nordic countries

	Denmark	Finland	Iceland	Norway	Sweden
Are social services legally obligated to prepare a contingency plan?	Yes	Yes	Yes	Yes	Yes
Does the act on emergency management address social services?	No	Yes	No	Yes	No
Does the legal framework address the role of local social services in relation to emergency management?	Yes	Yes	Yes	Yes	Yes
Does the legal framework outline distinctive role/roles?	No	Yes	No	Yes	No
Does the law on social services specifically address their role in the context of disasters?	No	Yes	No	Yes	No
Are social services represented in the council/committee on disaster management at national level?	No	Yes	Yes	No	Yes
Are there specific guidelines for social services contingency planning?	No	Yes	No	Yes	Yes
Is support from nongovernmental organizations available for social services in times of a disaster?	Yes	Yes	Yes	Yes	Yes

In all the five Nordic countries, the national authority is legally obliged to complete preparedness and contingency plans:

o   In *Denmark*, the Emergency Management Act (660/2009) orders that governmental authorities can be required to participate, and all authorities are expected "to plan for the continuity and maintenance of vital societal functions in case of major accidents and disasters. This includes the development of preparedness plans" (DEMA, 2015: 7).

o   In *Finland* the Emergency Powers Act (1552/2011) and in *Norway* the Civil Protection Act (45/2010) mandate contingency planning for all authorities in respective countries.

o   *Icelandic* Civil Protection Act (82/2008) and Regulation on response plans (323/2010) mandate that each ministry and its subordinate agencies are obliged to prepare a contingency plan covering the organization of measures in emergencies. The same applies to the municipalities and bodies under their administration.

o   The *Swedish* Ordinance on Crisis Preparedness and Authorities' Measures in Heightened Alert (1052/2015) mandates all state authorities to carry out risk and vulnerability analyses in their own areas of responsibility. In addition, the Act on Municipal and County Council Measures Prior to and During Extra-Ordinary Events in Peacetime and During Periods of Heightened Alert (544/2006) states that municipalities and county councils must attain fundamental capacity for engaging in civil defence activities. The act regulates preparedness

of complex extraordinary events demanding coordination between various sectors at local and regional levels.

At the national level, each Nordic country has established security committees or councils, which coordinate either preparedness issues and/or the response in major disasters. Such bodies include representation of social services in *Finland* and *Sweden*. In *Denmark*, there is no representation of the social sector in the Senior Officials' Security Committee nor as a standing member of the National Operational Staff, which takes care of inter-agency coordination in case of emergencies. In *Iceland*, social and health related issues reside in the Ministry of Welfare with two ministers. The permanent secretary at the Ministry is a member of the Civil Protection and Security Council, but only the Minister of Health has a seat in the council. In *Norway*, the Ministry of Labour and Social Affairs has no representative in the Crisis Council, but the Ministry of Health and Care would represent social services related to health and care.

Legislation of social services

In *Denmark,* the local social services have a clear legal duty to produce a contingency plan, mandated in the Emergency Management Act (660/2009), and the municipalities are required to address social services' roles in their own plans. However, the Danish Social Service Act (1093/2013) does not address the role of social services in emergencies or disasters, nor does it mention contingency planning. At the same time, the Health Act (1202/2014) states that the municipalities must complete contingency plans on health matters, and such plans must cover the roles of health-related social services, like home care services for the elderly. The Danish Health Authority monitors this area. DEMA oversees contingency planning of social service tasks not related to health (Region Hovedstaden, 2013). In Denmark, the guidelines prepared by DEMA note the role of social services. Yet, there are no special guidelines for social services (DEMA, 2009). Even though the social services have a clearly defined legal obligation regarding the contingency planning this does not necessarily mean that the needs of vulnerable groups are represented in the planning. The Ministry of Children, Gender Equality, Integration and Social Affairs has noted that the Emergency Preparedness Act does not refer explicitly to the needs of people with disabilities. Furthermore, the relevant agencies do not have sufficient knowledge on how to include people with disabilities during disasters, e.g. in case of evacuation (Ministry of Children, Gender Equality, Integration and Social Affairs in Denmark, 2013.)

According to the *Finnish* Social Welfare Act (1301/2014) the delivery of the social services should be based on the clients' needs, like needs for housing, financial assistance and support to persons in sudden crisis situations. In such instances, the services should also support clients' relatives and next of kin. In addition, the law mandates that the municipalities must organize emergency social services. The Finnish Rescue Act (379/2011) states that:

> social welfare and health authorities and the agencies in the relevant administrative sector, in accordance with the division of labour laid down in the statutes on them, are responsible for organizing emergency medical care, services concerning psychosocial support as well as the services and accommodation of those in distress as a result of accidents.

These tasks are also noted in the Government Proposal of the Social Welfare Act (HE 164/2014). In Finland 84 percent of the municipalities have completed contingency plans for social services (Rapeli, 2017). Guidelines for local level social welfare service preparedness planning (Ministry of Social Affairs and Health in Finland, 2008) provide the framework for the local social services contingency planning and for emergencies. The Ministry has also provided guidelines for local social services on the preparedness and functioning of evacuation centres, safety and security planning of social and health care services and preparedness and provision of psychosocial support in crisis situations (Ministry of Social Affairs and Health in Finland, n.d.).

The Act on Local Authorities' Social Services of *Iceland* (40/1991) guarantees financial and social security for those needing such support. The services work for the welfare of the inhabitants based on mutual aid. However, the role of social services in a disaster context is not addressed in the legal framework on social services, nor in the Civil Protection Act and the Regulation on Contingency Planning. According to a current agreement with the National Commissioner of the Icelandic Police, the Icelandic Red Cross (IRC) handle many of the tasks relating to social services in emergencies. We will return to the extensive role of the IRC in a later discussion.

The Act on Social Services in the *Norwegian* Labour and Welfare Administration (131/2009) regulates the work of local social services in Norway. In addition, according to the Labour and Welfare Administration Act (20/2006), co-localised ('one-stop') state and municipality offices provide jointly social services, financial assistance and social insurance benefits in the local communities. The aims of the social services are to improve the living conditions for the disadvantaged, contribute to social and economic security, ensure that individuals can live in their

own homes and enhance transition to work as well as social inclusion and active participation in the society. In accordance with Social Services Act (131/2009), each municipality must prepare a contingency plan on social services. The contingency plan on social services shall be coordinated with other contingency plans on the municipal level. Health and Social Preparedness Act (56/2000) aims to protect people's lives and health and ensures necessary medical treatment and social support for people in disaster context. Actors covered by this act are responsible for being able to continue, reorganise and expand their operations if needed during disasters. The Act mandates social and health care actors to update preparedness and contingency plans and to conduct exercises. In general, the municipalities are obliged to ensure and provide comprehensive and coordinated support to local inhabitants. A part of this responsibility is to guarantee psychosocial interventions in crises, accidents and disasters. Around 98% of Norwegian municipalities have established crisis support units that become active when adverse events occur. The composition of the units varies, but they usually include a doctor, a mental health nurse, a child protection officer, a clergyman and a police officer. The Norwegian Directorate of Health has provided guidelines for psychosocial follow-up in 2016 (Helsedirektoratet, 2016).

The *Swedish* Social Services Act (453/2001) aims at promoting economic and social safety, equality in living conditions, and active participation in societal life. Each municipality has the ultimate responsibility for providing individuals with the support and the help they need within its area. However, neither the Social Services Act nor other legislation governing social services specifically address municipalities' responsibility for operations involving crises and serious incidents. Rather, the principle of responsibility underpinning the emergency system implies that what the Social Services Act outlines about responsibility in regular times also applies in disaster context. Consequently, each municipality is responsible for social services in all times for people residing in the municipality and is responsible for ensuring that they receive the support and help they need. In crisis, this involves maintaining continuity of the services as well as providing services the situation calls for, like evacuation and crisis support. The latter is commonly organised in cooperation with county councils, education, police and civil society. This approach involves a need for public social services to plan strategically, not only measures that maintain the functions of their ordinary services but also how to reach people in need of support during a crisis. The National Board of Health and Welfare has published guidance for social services' contingency planning (Socialstyrelsen, 2009) and crisis support (Socialstyrelsen, 2008).

The voluntary sector in disaster management

The Nordic countries have strong voluntary sectors that add to the resources of their formal disaster management. The voluntary sector provides important social service tasks itself or acts as support for the public social services. The level of formalisation of the volunteer efforts differs between the countries.

In *Denmark*, the Danish Civil Protection League trains volunteers on food provision and temporary housing as well as for various search and rescue tasks. The Danish Red Cross is not formally involved in the contingency planning within regions or municipalities. However, it can provide psychosocial support, outreach services, community meetings and support groups as well as a helpline staffed by trained volunteers as well as information and practical help in case of disasters. (Danish Red Cross, n.d.)

The voluntary sector in *Finland* plays a vital role in emergencies. In relation to social services' tasks, it trains volunteers to provide psychosocial support and primary help. The volunteers are organized under the umbrella of the Voluntary Rescue Service. It is an organization of 50 different NGOs and is coordinated by the Finnish Red Cross (FRC). The Finnish Ministry of Social Affairs and Health has a memorandum of understanding with the FRC on support from volunteers for social and health care authorities. The agreement outlines the cooperation between the authorities and the FRC, although the actors at the local level are to agree on the details of the cooperation (Rapeli, 2014).

As noted earlier, the *Icelandic* Red Cross (IRC) has a formal agreement with the National Commissioner of the Icelandic Police and has even larger role in disaster response than the formal social services in the country. The IRC's main tasks are large-scale social assistance and support to the people affected. Their aim is to provide disaster victims with safe facilities, where they can eat, rest and seek counselling and psychosocial support. In cooperation with the National Crisis Co-ordination Center, the IRC gathers information on the victims and provides information to relatives (IRC, n.d.; Ríkislögreglustjórinn Almannavarnadeild, 2012). In addition, the IRC supervises psychological first-aid education and coordinates psychosocial support in the disaster management structure (IRC, n.d.).

In *Norway*, there are several agreements between authorities in health and care services and NGOs on volunteer support in case of disasters. The Directorate of Health is the contact point for NGOs. The Norwegian Red Cross has agreed with the Directorate of Health to activate support groups to assist victims and other people affected of disasters (Ministry of Health and Care Services in Norway, 2014).

In *Sweden*, the Civil Defence League organizes and educates Voluntary Resource Groups, which are in place in 162 of the 290 Swedish municipalities. The aim of the Voluntary Resource Groups is to reinforce the municipalities' resources, for example, for evacuation, dissemination of information and other practical activities during emergencies (Civil Defence League, n.d.). The Swedish Red Cross provides emergency and humanitarian relief through its network of volunteers, which include first-aid teams, mobile emergency units and counselling support groups managed by specially trained volunteers (Swedish Red Cross, n.d.).

Discussion

The findings we have presented show that the Nordic countries have chosen quite different paths regarding social services' role in disaster management. Finland, Norway and Sweden specifically address social services in their legal frameworks for disaster management. These countries also prepare special guidelines for social services' contingency planning. In comparison, neither Denmark nor Iceland mentions social services specifically in their emergency management acts, nor have they prepared special guidelines for social services. All public authorities in all the Nordic countries have a legal obligation to make contingency plans. Hence, even if the law does not address the role of social services explicitly, the law obligates public authorities to prepare for disasters — even in Denmark and Iceland. Yet, a good and acceptable contingency planning requires clear tasks and roles for the actors and involvement of organizations in all phases of disasters – mitigation, preparation, response and recovery (Alexander, 2015; Quarantelli, 1997). Therefore, it would be vital to make explicit the roles and responsibilities of social services in the emergency management legislation. Clear and well-defined roles would contribute to mutual understanding and division of labour among the actors involved in disaster management in the respective countries. The quality of national legal instruments and guidelines is of great significance for the level of awareness and mutual understanding of roles among local actors in disaster management (Alexander, 2015). Research on inter-organizational relations indicates that strong awareness, mutual recognition and joint understanding of actors' respective roles are essential for effective coordination and integrated efforts (e.g. Halvorsen and Hvinden, 2016).

Another point of difference between the countries is the extent to which national legalisation on social services recognizes that these services play a specific role in disasters. The *Danish* and the *Icelandic* social service acts do not address this role, but the acts of *Finland* and *Norway* highlight it. In *Sweden*, the role is more implicit as the social service act applies regardless of circumstances.

The present disaster management structure of *Finland* recognises explicitly the role of social services. This might derive from the legal framework and the comprehensive security model outlined in the Security Strategy for Society 2010 (Finnish Ministry of Defence, 2011). The strategy recognizes all sectors of society as vital for disaster management and all levels of administration have implemented this idea. Finland has a long history of contingency planning, and it did not reduce the scope of such planning after the World War II (Kolbe, 2011, Tervasmäki, 1983).

Similarly, in *Norway* the role of social services is clearly part of the country's disaster management. The comprehensive plans of the municipalities must integrate social services' contingency plans. Surveys conducted by the Norwegian Directorate for Civil Protection show an increasing number of municipalities that have a contingency plan, up to 93 percent in 2015 (DSB, 2015). However, there is no available information specifically on the involvement of social services in the plans.

In *Iceland*, the Red Cross has a significant role in disaster response regarding the tasks that relate to social services. Volunteers are a vital resource during disasters because no social services have enough staff to provide the needed services without their support. However, it would be important to address more explicitly the division of labour between the volunteer organizations and the social services for smooth cooperation.

Despite the importance of social services during disasters, only a few researchers have addressed the role of the welfare state in relation to disasters in the Nordic countries (Cuadra, 2015; Rapeli, 2017). The literature shows that the role of the health care system is usually well defined and implemented as part of the contingency plans. In addition, according to the results of this study, it is more common for emergency management to focus on the health authorities than on the *joint* and *interlinked* roles of both social and health authorities in national cross-sectional co-operation within the Nordic countries. This applies to the Nordic and EU-level cooperation also. We suggest that a stronger, more explicit and consistent recognition of the position of social services within the system of disaster management is desirable. On the one hand, one ought to aim at raising the awareness of disaster related issues among social services staff. Education and training of social workers need also put greater emphasis on such issues. On the other hand, one should seek to make traditional emergency management actors more aware of social services' involvement and contribution in disasters, as well as of the needs of vulnerable populations in case of disasters. For instance, through multiple efforts in the policy development process and advocacy, the Sendai Framework for Disaster Risk Reduction incorporates explicitly both health issues and concerns of people with disabilities (Aitsi-Selmi and Murray, 2016; Stough and Kang, 2015). One may also

apply this approach to social services, which already work in close cooperation with the health care practitioners as well as people with disabilities.

The Sendai Framework bears also witness to the shift from managing disasters to emphasising pro-active risk reduction. This calls for co-operation of a wide range of stakeholders, in the private and public sector, the voluntary sector and civil society. (Aitsi-Selmi and Murray, 2016.) Localisation and user-involvement should be emphasised in order to enhance the resilience of both individuals and communities. The literature and the stakeholders point out that no matter how efficient the emergency management is on the state level, local actors are most often the first responders. After the emergency phase is over, the local community will again be the most important actor during recovery (Alexander, 2015; Dynes, 2006; Henstra, 2010).

The co-operation between disaster risk reduction and management and social welfare systems is vital, due to both the increase in disasters and the increasing emphasis on participation of the inhabitants and communities in disaster risk reduction and management. Social services have concrete linkages with the rescue services and the police, as well as individuals and communities (Danso and Gillespie, 2010). The welfare system has tools and information to meet the needs of the most vulnerable groups in the society, and the literature has shown that disasters hit these groups the hardest (Gillespie, 2010; Stough and Kang, 2015). Recent events in the Nordic countries, like sudden and massive increases of in the numbers of refugees and social disasters like radicalization, call for a better understanding of the underlying root causes of disasters as well as more effective preventive measures, where social services play a central role.

This study has concentrated on what legal frameworks and the formal systems of planning say of the role of local social services. There is a need for more research based on coordinated case studies on how social services have prepared for and responded to actual disasters. Such research would also need to investigate how the efforts of social services have linked to the efforts of other services in the overall disaster risk reduction and management.

Conclusion

The Nordic countries have strong systems of both welfare provision and disaster management. Hence they have two robust systems to respond to disasters. International comparison shows that the Nordic countries are among the safest countries in the world in terms of disasters and vulnerabilities. Yet, there are reasons to expect increased occurrence and impact from disasters caused by natural as well as human induced hazards. These prospects call for critical examination of how we can most effectively mobilise and utilise the resources earmarked to protect citizens against adversity and ensure the nations' disaster resilience and welfare.

The findings of this study show that there is not one single Nordic model for integrating local social services in disaster management. The only common denominator among the countries studied is the legal obligation for authorities to plan for contingencies. While a strong sector principle in disaster management typically promotes the overall preparedness of the state and enhances sectorial ownership and expertise from daily routines in handling crises, it may be counterproductive to efficient coordination between different branches of public authority. Thus, the Nordic countries should share knowledge and best practices in the existing Nordic networks on the role of social services so that the relevant parties can activate the full potential of social services in emergency management.

One may interpret the obligation to prepare for severe contingencies as individual organizations' preparedness aimed at coping with potential intra-organizational crises, i.e. the authority responsible for local social services developing plans and procedures for managing a shooting at a welfare centre. However, the true value of local social services in times of crisis and disaster resides in their potential to play a role in the cooperation of inter-organizational actions to enhance robust response and recovery. Local social services have knowledge about vulnerable groups in the affected community, which is of high value to other authorities such as the police and rescue services, and not least for the vulnerable populations themselves, in preparing for, during, and after a crisis. Further integration of local social services into a larger framework for disaster risk reduction and management therefore demands more attention in the Nordic welfare states and in other countries with comparable frameworks. The Nordic countries have long history in cooperation in the field of disaster management in the rescue and health sectors. Social services could benefit of learning best practices from each other on how to enhance disaster management in the sector and build capacity and networks across the Nordic countries.

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