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Application Article

Migrant Labor Relations: The Role of Nonprofits Following the Earthquakes in Christchurch, New Zealand

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A 6.3 magnitude earthquake on February 22, 2011 set over 60 percent of the downtown and over 6,000 homes in suburban Christchurch, New Zealand, for demolition. Migrants and refugees settled in Christchurch relied on the joint efforts of familiar nonprofits to provide information and supplies in the initial response and recovery phase. As the recovery progressed, new migrant construction workers took part in the rebuild. Ensuring housing, livelihoods, and community engagement opportunities for shifting populations of migrants and refugees depended on nonprofit and civil society partnerships. Based on in-depth interviews with six migrant-focused nonprofit and civil society partners, functional redundancy was ascertained based on organizational structures and networks. Findings suggest that connectivity persisted into midterm recovery through colocation and relationship building, and long-term commitments to diverse advocacy outlets improved collective understandings of migrants' rights in postdisaster Christchurch. **Keywords:** hazard, migrant, nonprofit, resilience.

In New Zealand, nonprofit organizations dealing with migrant issues are contracted and trained to address health, livelihood, and language concerns under the national Connecting Diverse Communities Initiative and the Resettlement Strategy. For areas with a high migrant population, agency connections often offer holistic care (Skyrme 2008; Walker 2012). Coordinated resettlement strategies and planned functional redundancy of services presented by nonprofits and government agencies provide risk reduction opportunities for migrants by offering comprehensive, integrated services from a variety of sources (Birkmann 2013; Phillips and Smith 2012).

Prior to the February 2011 earthquake that devastated the city's urban core, Christchurch was one of the largest refugee and migrant resettlement centers in New Zealand (Platt 2012; Thornley *et al.* 2013). Refugees came to Christchurch from a variety of ethnic backgrounds; some of the largest groups were Somali, Kurdish, Afghani, and Bhutanese (Ahmed Tani, Manager Canterbury Refugee Council, personal communication 2014). Christchurch-based nonprofits adapted resources and relationships following the earthquakes to reduce risk in the initial response and recovery phase (Parkin 2012). This proved particularly important in the support of refugee communities that often acted as a group (*e.g.*, all the Kurdish refugees left within days of the February event; Thornley *et al.* 2013). Although the resilience of the overall community was found to be strong, many minority groups struggled with messaging, access to care, maintaining livelihoods, and representation in rebuilding efforts (Humphrey, Mitchell, McBride 2011). Nonprofit organizations focused on migrant support benefited from strong relationships with indigenous agency connections, like-minded nonprofits, and government

contracting agencies such as the Ministry of Social Development and Department of Internal Affairs (Walker 2012; Thornley *et al.* 2013).

During this period, migrants and refugees were especially vulnerable to earthquake impacts because of diminished social connections, limited incomes, poor housing, preexisting traumas, and language barriers that compromised emergency messaging (Johnston *et al.* 2011; Thornley *et al.* 2013). In the initial days after the event, migrant-focused nonprofits and Maori agency connections united to provide centralized resource distribution for any ethnicity at risk (Thornley *et al.* 2013; Kenney 2015). Over time, police, civil defense, and public health officials coordinated with the Migrant Inter-Agency Group that represented the coordinated efforts of migrant-focused nonprofits in the response and early recovery phases (Thornley *et al.* 2013). In a study of migrant nonprofits, civil society partners, and agency connections sixteen months after the earthquake, however, Thornley *et al.* (2013) indicated that consultations with the City Council and Canterbury Earthquake Recovery Authority (CERA) were perceived to be insufficient. Engagement with preexisting nonprofits and community cohesion most benefited migrants in the response phase (Thornley *et al.* 2013).

Damage assessments from the first year after the earthquake indicated that it would take four years to fix residential damages and fifteen years for businesses to recover (Brookie 2012; Fogarty 2014). Investments in the rebuild incurred a NZ\$11 billion deficit to ensure that long-term economic impacts of business failures were cushioned (Stevenson *et al.* 2011). An additional 10,000 to 48,000 construction workers were expected to be required for reconstruction; these numbers were expected to peak in 2013 (Brookie

2012; Fogarty 2014). The response to the labor shortage was an influx of construction workers from other countries, which added to the pressure for housing and increased demand for migrant services as the recovery progressed (Rotimi, Le Masuriera, and Wilkinson 2006; Chang-Richards *et al.* 2013).

Strong organizational resilience was required for nonprofits and civil society to jointly navigate the transition from response to recovery in the interest of maintaining community cohesion within target populations and the nonprofit sector (Carlton and Vallance *in press*). Nonprofit capacity to integrate outreach with public services and advocate for an increased range of vulnerabilities fluctuated from response to recovery due to linkages with their target populations and decision makers (McLean *et al.* 2012; Carlton and Vallance *in press*). The goals of this study, therefore, were to assess resiliency of migrant-focused nonprofits and civil society partners and the agency connections with which they engage during midterm recovery.

Background

Nonprofits and their civil society partners, which include both semiprivate and semipublic institutions, bolster traditional social services by regenerating and improving cohesion in their target communities (Hudson 2009). Community-focused organizations can mitigate vulnerabilities to hazards by raising awareness within the community and bringing to light such issues to policymakers before disasters occur (Beatley 2009; Ewing and Synolakis 2011). It is argued (Comfort, Boin, and Demchak 2010) that resilience is built within a culture through political and organizational structures, which nonprofits are able to influence through their connections. Nonprofit success is subject to organizational capacity, goals to capitalize on public value, and political environment, which can be bolstered or inhibited by community, sector, and government involvement (Dattani 2012).

After a natural disaster, nonprofits can provide a foundation of social capital on which community resilience can be built through outreach and messaging because of shared experiences (Oliver-Smith 1999; Aldrich 2012). In this way, community recovery could benefit from integrated systems (Seville *et al.* 2006). In addition, nonprofit-community partnerships support the application of government policies and service provision to marginalized groups by increasing legitimacy (Zimmer 2010). Nonprofit organizations offer a trusted messenger for marginalized groups, many of which might be wary of government intervention (Tobin and Montz 1997; Tobin 1999; Parkin 2012). Indeed, nonprofit organizations are often sought out by government-based service providers to better engage marginalized communities through coproduction of services, particularly in welfare economies (Dattani 2012). In migrant communities, appropriate messaging is imperative to decrease any amplification of risk due to cultural and linguistic

separation (Kasperson *et al.* 1988; Aldrich 2012). Even into the long-term recovery period, nonprofit advocacy for marginalized groups is necessary to decrease socioeconomic vulnerability and prevent spatial environmental injustice (Bohannon and Ensernick 2005).

Methods

Participant nonprofit organizations were identified through a review of the Community Information Network Christchurch, Association of Non-governmental Organizations Aotearoa, and contacts acquired from Council of Social Services, a membership organization supporting nonprofits in Christchurch. Six nonprofit and civil society partner managers participated in research in late 2014. These six organizations advocate on behalf of, provide public services information for, and hold capacity-building workshops with a range of local migrant and refugee communities. Both local and nationally connected nonprofits were included. Although this is a small subset of the active migrant support groups in Christchurch, the range of ethnic groups represented by their target audiences allowed for generalizations regarding assistance opportunities available to migrants and the nonprofit sector serving those communities during the recovery. Some of them address migrant rights as a part of a broader workers' rights platform, allowing for insight into the comparative resource availability for migrants versus local ethnicities. In-depth, semistructured interviews were conducted with the managers or their representatives of six organizations: two unions—Public Service Association and First Union; two local nonprofits—Migrants Centre Trust and Canterbury Refugee Council; and two semipublic or semiprivate organizations—Interpreting Canterbury, and Pegasus Health. In addition, these nonprofit organizations were classified according to their involvement in the Migrant Inter-Agency Group, a representative agency connection group, which transitioned into the Cultural and Linguistic Communication Network Group and Interagency Migrant Health Group.

The interview responses were analyzed at the organizational level to identify perceptions of internal and external vulnerabilities and capacities. Topics of emphasis included strategic planning, advocacy opportunities, partnerships, target population shifts, staff changes, office relocation, increased services, and policy development.

The nonprofit organizations, their partners, and representative agency connections were then graphed based on maturity of the organization, funding support, and shifts in audience after the earthquakes to capture levels of functional redundancy. The nonprofit organizations were first categorized based on Dattani's (2012) strategic organization criteria: goals to capitalize on public value, operational capacity, and political environment. The ability to capitalize on public value was indicated by maturity of the

organization, with older organizations receiving higher values, as they were expected to be most engrained into the target community fabric. For an organization to sustain itself it was expected to have strong public value and added strategies that it communicated well in policy and community forums. Operational capacity was designated by size of the organization. Organizations reporting an increase in demand for services and thus increased strain on operational capacity appear larger than those reporting no change, and those with decreased target populations were smaller. Support systems were used to show integration with political structures, with a one indicating government contracted and a zero indicating voluntarily organized by nonprofits, with semiprivate and advocacy organization falling between.

Results

Results are organized into two sections: (1) managers' responses to the in-depth interview questions, and (2) organizational resilience of nonprofits to provide a migrant-specific view of functional redundancy in the nonprofit sector.

Nonprofit Managers' Responses

The managers' responses provided an indication of the various strategic components to each participating organization's resilience, as shown in Table 1. These components focused on whether each nonprofit had national planning concerns, instigated policy changes, improved partnerships, developed new advocacy routes, increased services, been challenged by additional populations, experienced staff changes, and relocated offices. Results varied for migrant and refugee-focused organizations and by organizational type.

Overall, services increased for migrants, including union support and interpreting, but according to the managers, health services or services specific to refugees remained static. No added services might indicate that comprehensive coverage was maintained from before the earthquake or resulted from a decrease in demand for services by some groups as indicated by

the Refugee Council and Pegasus Health. Responses regarding emergent target populations (*i.e.*, those with increased vulnerability caused by the earthquakes or those arriving in the postdisaster period) shed more light on the shifts in demand. Similar results were seen for migrant-focused nonprofits, unions, and interpreters, but not for more generalized unions or health providers. Refugee populations decreased, as evidenced by a lack of increased services being made available for them. This was attributed to a freeze in national relocation of refugees to Christchurch in the wake of the earthquakes. Although advocacy for change to employment practices for migrants, such as detaching visas from employment offers, was not yet achieved by the unions, it remained a priority into long-term recovery. Within migrant communities, the Migrant Centre and Refugee Council effected change through capacity-building workshops.

Different perceptions of improved partnership contribution to resilience were seen in local nonprofits compared to unions, semipublic, and semiprivate organizations. It appears that local nonprofits were unphased by the temporary formation of agency connections and consequent increase in prominence of their partnerships because they consistently engaged with like-minded nonprofits and government agencies before and continued to sustain these interactions through less formal relationships to prevent overlap and provide referrals without formal acknowledgment into long-term recovery. Migrants Centre, Refugee Council, and Pegasus Health made plans at the local level, whereas Public Services Association, First Union, and Interpreting Canterbury planned nationally. Only Public Services Association changed its staffing structure to address earthquake-specific demands. This was through the addition of an earthquake coordinator to respond to requests from member organizations for well-being and safety knowledge and to advocate for improved work conditions during the rebuild; this might have been a luxury of the larger size of the organization. All organizations had to change office location due to earthquake damages except for Pegasus Health, which had a spatially diverse array of care providers. The local nonprofits

Table 1 *Manager's responses*

| Strategic components | Nonprofit organization | | | | | |
|------------------------|-----------------------------|-------------|-----------------|-----------------|-------------------------|----------------|
| | Public Services Association | First Union | Migrants Centre | Refugee Council | Interpreting Canterbury | Pegasus Health |
| National planning | X | X | | | X | |
| Policy change | | X | | X | X | X |
| Improved partnerships | X | X | X | | X | X |
| New advocacy routes | X | X | | X | X | X |
| Increased services | X | X | X | | X | |
| Additional populations | | X | X | | X | |
| Staff changes | X | | | | | |
| Office relocation | X | X | X | X | X | |

Note: An X indicates that the manager of the organization perceived that component to have contributed to organizational resilience.

and semiprivate interpreting organization colocated with like-minded organizations again, as had been the custom before.

Assessment of Nonprofit Organizational Resiliency

The resilience of migrant nonprofit organizations, civil society partners, and interagency connections was assessed based on maturity or age of the organization, type of funding or support, and shifts in target population following the earthquake (Figure 1). In Figure 1, maturity of the organization and interagency connections are represented on the y axis from zero to one with one being the oldest and zero the youngest. Organizations and agency connections were evaluated based on the date of their opening or latest publically available merger information. Type of funding appears on the x axis, which indicates a variety of funding sources from completely voluntary to state funded with a value from zero to one, respectively. The size of the symbol on the chart depicts reported change in target population following the earthquake. Three sizes were used: The smallest symbol indicates a decreased target population, the middle size is used when population remained static, and the largest size shows an increase.

With respect to the interagency connections, the Migrant Inter-Agency Group was set up by Settling In, an organization associated with the Ministry of Social Development Department for Child and Family Services. The initial group was supported by Migrants Centre and advised by a Maori leader and the Refugee Council. Service provision peaked from February to May 2011, with six migrant groups involved at the time (Thornley *et al.* 2013). Going into midterm recovery, the Cultural and Linguistic Communication Network Group (CLING) and the Interagency Migrant Health Group were formed as voluntary agency connection groups from the original Migrant Inter-Agency Group. These later agency connections groups, CLING and Interagency Migrant Health Group, are represented together on the graph due to

their similar origins and structures. Agency connections were all characterized by low maturity because they emerged after the earthquakes. However, they range from government supported, in the case of Migrant Inter-Agency Group, which was formed by a semipublic organization to work more closely with locally funded nonprofits on response efforts, to those voluntarily convened by nonprofits, as was the case for CLING. Interpreting Canterbury was self-funded but did collaborate with Pegasus Health, which was supported by national agencies, to form CLING. The migrant support sector as a whole appears to have a comprehensive support system that allows for flexible, robust partnerships to meet the changing needs of the target population and sustain advocacy during periods of reduced public awareness. No participants mentioned Interagency Migrant Health Group in the interviews, so the longevity or perceived separation of that agency connection from CLING is uncertain.

Regarding individual nonprofit organizations, Pegasus Health had the most stable support structure with funding from the Ministry of Health and other government agencies for migrant health services. Refugee Council and Migrant Centre were still on the high end of the support axis, as they had a combination of City Council, local philanthropy, Ministry of Social Development, and other government funding and partnerships. The unions were centered because they were membership based with strong ties to political campaigns, and Interpreting Canterbury was on the lower end because it was self-funded with only limited funding provided for migrant use through government agencies.

In terms of maturity, Public Services Association was the oldest union in New Zealand, established in 1913. Other migrant support organizations were significantly younger but more focused on migrant issues rather than broad labor relations. Refugee Council formed in 2005 and Migrant Centre in 2010. Pegasus Health and First Union, which involves a Union Network of Migrants to combat labor exploitation and specifically a Philippines

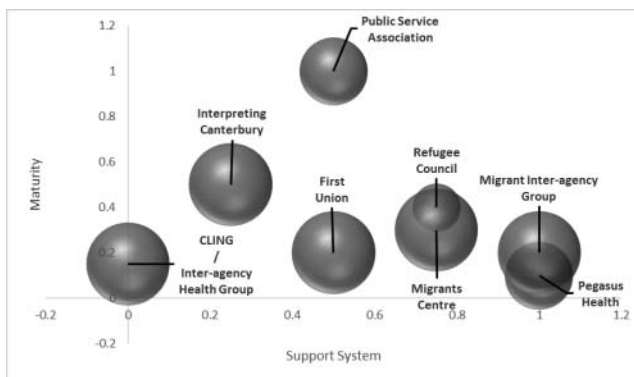


Figure 1 Resilience of nonprofit organizations and interagency networks focused on migrant support during the recovery period.

Collective that was critical to migrant construction worker advocacy as the majority were Filipino, merged with other organizations around the time of the earthquake. For analysis purposes, mergers were seen to reduce the maturity of the organization because strategies had to be revised and could not be assessed for contribution to organizational resilience because that depended on the nature of the merger.

Target populations for Interpreting Canterbury, First Union, Migrant Centre, and all three agency connections increased during the recovery phase, indicating increased demands on operational capacity that could strain partnership building and advocacy potential. The target population of Public Services Association and Pegasus Health remained the same, thereby allowing these organizations to strategize for recovery-specific advocacy without increased demands on staff. Only the target population for Refugee Council decreased. Refugee Council, therefore, continues to provide public value added for a temporarily stagnant target population to prepare for relocation targets to return to Christchurch as recovery progresses.

Discussion

Nonprofit, civil society, semipublic, and semiprivate migrant-focused organizations provided individual and collective contributions to nonprofit sector resilience and community capacity building during midterm recovery. Variance in approaches to care access through workshops, consultations, and information allowed migrant support services to support their target populations with a net of capacity-building opportunities and each other through agency connections and colocation into midterm recovery. Their success in long-term recovery relied on the resilience of each organization to continue to provide niche services to support the whole.

Refugees were not being resettled in Christchurch during midterm recovery, but were expected in 2016 or 2017 when housing stock should be available. Comparison of past censuses indicates that in Christchurch City District, non-European ethnicities have decreased from 108,465 in 2006, 33.13 percent of the population, to 78,246 in 2013, 22.91 percent of the population (Christchurch City Council 2014a, 2014b). This reduction in ethnicities is contrary to the 2.6 percent increase in overall population for greater Christchurch, reflecting amplified ramifications of the earthquakes on culturally diverse groups, some of whom left the city entirely and others of whom relocated to more suburban areas due to deficient housing conditions (Statistics New Zealand 2014). Regardless, Refugee Council convened forums of government officials and Maori agency connections to advocate for the needs of refugees in Christchurch to address overcrowding and increased family stress through revision of the 2003 Resettlement Strategy. Good relationships

with Immigration and Housing New Zealand assisted in tackling long-standing cold issues as a part of recovery in old and damaged homes with poor insulation that were compounded by earthquake damages. Workshops on family violence were convened for each gender separately to empower families to deal with increased stress. Even food distribution was altered postdisaster to ensure availability in the absence or delay of some cultural festivals.

For both refugees and migrants, it was difficult to quantitatively measure the relocation patterns of each ethnic community following the earthquakes, so connectivity of nonprofit staff to their target audience was critical. A representative of Canterbury Refugee Council stated that refugees, in particular, related the experience with those in war zones. It was “different from war in that there was no negotiation but similar in terms of water and food loss and living together because [everyone] would go to one place.” Nonprofit outreach efforts gained from this cohesion among individual ethnic groups and concentration toward the west of the city. Despite or perhaps because of the damages from the earthquake, Migrant Centre identified trends of Filipino construction workers and Chinese business interests continuing to take root in Christchurch. Between March 2011 and the 2013 census, 1,320 Chinese and 1,080 Filipinos arrived in Christchurch, the second and third largest migrant groups only behind the English, for whom experience reduced cultural barriers (Statistics New Zealand 2014). A concern of Migrant Centre in midterm recovery was funding opportunities for migrants. Similar to Refugee Council, Migrant Centre held workshops regularly on social enterprises including leadership, entrepreneurship, volunteering, health, and food assistance. Funding was not sufficient for family needs, though. A representative of Migrant Centre recounted optimism for these workshops to improve the capacity of migrant communities despite the complexity of engaging all migrant groups appropriately: “Next year a social enterprise workshop involving food catering to spread culture and sustain the center will be shared.” It was noticeable that acknowledgement of migrant issues and the contribution of nonprofits to migrant social assistance increased following the earthquakes. Migrants were involved in temporary garden installments in the city through Places of Tranquility, a Greening the Rubble installation, and the Ministry of Health was engaged in projects on diabetes and age concerns of Maori, Asian, and Pacific Islanders. Messaging was also improved by City Council through an ethnic leaders meeting and through continued participation in the regional chapter of the national Federation of Multicultural Councils, an umbrella organization for ethnic community groups.

Advocacy efforts of CLING took three years to effect change for culturally and linguistically appropriate messaging and availability of interpreters for public sessions from CERA, the Earthquake Commission, and City Council. Another

measure that improved livelihoods and recovery outcomes for migrants by engaging nonprofit and civil society organizations, such as Interpreting Canterbury, was the Safe Build program, which protects construction workers' rights and ensures adherence to safety measures. However, individual migrant-focused nonprofit organizations did not perceive that construction companies welcomed their outreach.

Interpreting Canterbury provided interpreter training and coordinated services across New Zealand. It focused on training native speakers who resided locally. Services were provided for a fee that was covered by a government agency depending on the nature of the interpreting request. In Christchurch, Interpreting Canterbury collocated with other migrant support services, including Migrant Centre and Refugee Council, among others. By reestablishing this combined office space, referrals for services, such as interpreting, and for culturally specific support were made more easily accessible. Although Pegasus Health was not collocated with other migrant support services, it had agency connections of care providers and field staff extending beyond the city of Christchurch into rural Canterbury and received government funding from health and labor-related ministries for coordination of care. Through interpretation of the 2013 census, interviews, and shared reporting of health concerns with the District Health Board, Pegasus Health sought to improve the understanding of age, gender, language, relocation patterns, and declines in minority populations. Contributing to these demographic shifts, reunification still took place in Christchurch despite the suspension of resettlement after the earthquake. Interpreters for appointments, culturally specific workshops on nutrition, and translated emergency or health messaging were available prior to and with increased emphasis after the earthquakes going into long-term recovery.

Unions benefited from national advocacy and resource platforms and relatability of staff to workers in various sectors. The interpretation of labor statistics had to be closely monitored by unions to ensure that reporting was not skewed by stakeholders to misrepresent unemployment or migrant employment opportunities. After the earthquakes, internal labor supply did not receive the necessary investment to meet construction job demand despite ongoing advocacy of the Public Service Association and First Union. Migrant workers consequently took opportunities for employment in Christchurch for the rebuild, but the conditions of their visas and employment required additional support. Housing conditions for migrants were found to be particularly concerning in the aftermath of the earthquakes; a representative of First Union recalled the work of the construction union and the City Council: "Accommodation set up through [employment] agencies can be overcrowded or substandard; at least 16 not in compliance." Consequently, First Union negotiated a charter with construction companies to protect migrant rights. To address broader concerns, issue groups were convened

by both unions to determine the perceptions of various sectors regarding the rebuild—poor nonprofit engagement was reported. Beyond migrant issues, the earthquakes affected all laborers through increased reports of harassment, as well as heightened interest in well-being. The Public Services Association responded by organizing social-psychology speakers and additional information for members. Widespread trends could be reported to the Council of Trade Unions to ensure a united front. This was particularly important for unions because of the political sensitivity of the issue that depended on changes in public office.

Several commonalities were identified from these interviews. Migrants were not expected to self-advocate by either nonprofit, Pegasus Health, or First Union organizations. The endurance and political connections required to generate change among recovery management authorities or construction companies were extensive. The duration of engagement required to effect change led local nonprofits and semipublic civil society partners to engage migrants directly in capacity-building workshops. Although many of the nonprofit organizations and agency connections were established relatively recently, some just a few years before and others emerging from or merging following the earthquake, their organizational resilience was high in the midterm recovery period due to conceptualization of their target populations and their shifting needs. Construction workers, migrant entrepreneurs, reunification, and short-term moves contributed to the gradual influx of migrants into Christchurch and increased demand for services despite the suspension of resettlement. Long-term advocacy for housing and livelihood priorities had to be maintained with increased post-disaster needs to address family violence, additional overcrowding, altered food distribution opportunities, employment regulation, and engagement with recovery authorities. Tracking population shifts was a struggle for all organizations in part due to misrepresentation of data. However, Migrant Centre, Refugee Council, Interpreting Canterbury, and First Union benefited from relatability of staff to migrants. Additionally, Refugee Council and Migrant Centre used gender-specific programming to respect cultural traditions and increase utilization of services. A mosaic of organizational structures and funding strategies allowed migrant support services to flourish into long-term recovery through continued relevance to social support.

Migrant focused nonprofit and civil society organizations in Christchurch, New Zealand, benefited from preexisting government commitments to engagement and an inclusive indigenous culture at various points throughout response and recovery; however, inclusivity and resource sharing might be hindered in nonwelfare states. Understanding and being relatable to the target audience was critical for maintaining services and advocacy regardless of the stage of recovery; this principle is imperative to any recovering community, as the traditional means of engagement shift and silos are lowered following a disaster. Further, organizational resilience through agency connections benefits

both communities and the nonprofit sector following disasters of great magnitude.

Conclusions

Ethnic community cohesion within Christchurch shifted to an extent during early and midterm recovery toward collective service access and political engagement. Maori agency connections were used for emergency services, cultural venues for social assistance provision were changed, and desensitization to authorities improved the situation for many migrants and refugees who remained in the city after the earthquakes. The impact of these temporary bridging and extensions of services were supported by culturally sensitive nonprofit and civil society service providers. Peacetime national resettlement strategies that rely on nonprofit and government coordination were validated by the tendencies exhibited in Christchurch of migrant and refugee services to unite their cultural and technical expertise to ensure maintenance of services for ethnic minorities in postdisaster settings. Migrant workers benefited from the diversity of nonprofit organization types to secure adequate residency, safety, health, and livelihood information through government and private channels. During midterm recovery, migrant support services showed resilience based on adaptability of programs and ability to leverage diverse political processes over a long period of time for sustained and increased awareness for migrant and refugee issues. As long-term recovery persists and nonprofits and their civil society partners continue to present a united front for advocacy and refer service provision to prevent duplication of services, they will benefit from varying support structures to improve social capacity.

The distrust of officials by migrants is well documented in the existing literature as an international phenomenon. Findings from Christchurch indicate that desensitization might be possible through campaigns organized by trusted nonprofit and civil society representatives. Through close ties to the target audience and other culturally relevant nonprofits, migrant-focused support providers can operate efficiently despite delays in the reflection of postdisaster population shifts in the census and often nonprofit funding streams. Well-connected, relatable nonprofits are able to identify characteristics of migrant communities that are conducive to learning environments, such as gender or level of education. Through appropriate workshops, migrant communities are especially able to build capacity without external influences.

Resilience among migrant support services in the nonprofit sector is a reflection of functional redundancy and effective outreach. Funding for social entrepreneurship is critical not only to the nonprofit and civil society groups serving migrants, but to individuals and families in the migrant communities as well. The maturity of the organization in this case is not as

important as its connectivity to appropriate governing agencies, collaborative potential within the nonprofit sector, and maintenance of advocacy priorities in light of continuing and emergent vulnerabilities.

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