CHAPTER

Institutionalizing nonprofit influences post-disaster 10

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Governments are recognizing the contributions of nonprofits to the recovery of marginalized populations by elevating nonprofit engagement in emergency management. This chapter assesses opportunities for nonprofit integration with recovery management authorities over the course of disaster recovery to identify times for strategic realignment of priorities, operations, and partnerships. Ongoing assessment may improve nonprofit representation and consequently community satisfaction in centralized recovery management scenarios.

The temporary centralization of authority to handle recovery presents times of transition, in which the concept of and relationships underpinning place can be reframed. This chapter seeks to extend the literature regarding collective action and transitions in place-making to nonprofits that overcome their traditional geographic foci because of a shared experience to facilitate post-disaster recovery past the attention span of outside actors. Place-making involves imbuing cultural significance on an area. Place-making is disrupted by disaster, but the revitalization of place is critical to restoring local economic and social capacities. Puleo's (2014) work in Haiti after the 2010 earthquake shows collective engagement with creative restoration of social structures and services facilitates the recovery process. Both the urban environment and residents' well-being can be improved in a devastated area if efforts carefully consider the role of place in restoration. Further, Coaffee (2013) finds that entrenching place-making into urban planning, such as that contributing to late-stage recovery efforts, has the capacity to reduce marginalization in the long-term. Restoration and realignment of the political system fosters opportunities to renegotiated collective agency and networks (Murphy, 2015). When power, place, and agency—the components of relational place—are in transition, opportunities arise to promote marginalized issues (Pierce et al., 2010). Consequently, groups operating in urban areas or specific neighborhoods within have the capacity to generate place-making action based on shared characteristics or experience (Martin, 2003).

Drawing upon the findings from Haiti's earthquake during the same year, this chapter addresses the role of relationships between recovery management authorities and nonprofits in post-disaster place-making, including resettlement, urban revitalization, and extension of health care access to marginalized populations. A review

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of nonprofit integration models and recent international recovery management techniques is followed by a case study of Christchurch New Zealand, which experienced a devastating earthquake in 2011, leading to the creation of the first recovery management authority in the nation's history. The objectives are twofold: i) setting clear priorities to reduce marginalization based on experiences from early recovery stages and ii) leveraging collective agency to conduct post-disaster place-making activities throughout long-term recovery. A scalable *Nonprofit Relational Recovery Assessment* for collective action is proposed to periodically evaluate the effectiveness of engagement with recovery management authorities.

Participants were identified from Community Information Christchurch Network website. Although 108 locally operating organizations with varying management structures—from national to community-based—were identified as relevant to the study, based on their mission statements inclusion of a reference to health or well-being, only 36 participated, in part due to the extensive research being conducted at the time. In 2014, a manager from each organization participated in interviews, staff from five organizations attended focus groups, and then managers were engaged a second time to review their staff's comments. Field-specific meetings, including subsets of the participants were also attended. This provided a comprehensive view of communications within the organizations. Transcripts were coded to identify recovery priorities, partnerships, audiences, operating strategies, and outcomes. By uniting a social movement and geographic approach, analysis reveals the capacities of nonprofits to direct place-making priorities through their collective agency for the benefit of marginalized groups during recovery.

10.1 Nonprofit engagement with marginalized populations

Community recovery is linked to the collective actions taken by nonprofits following a disaster. The nonprofit sector is an amalgamation of socially focused institutions that includes nonprofit, nongovernmental, and partially private or public civil society organizations (Hudson, 2009). Nonprofits are liaisons for individuals, families, and communities to government officials and economic drivers as seen in *Bronfenbrenner's systems and their interactions* (Boon et al., 2012).

For the government, partnerships with nonprofits provide insight into what can be quite complex applications to policy for and distribution of services to marginalized groups (Zimmer, 2010). Integration with government-led public services requires a shift in organizational culture among nonprofits to increase quantitative reporting and strategic planning (Mulhare, 1999). Adapting to different management paradigms can increase demands on organizational resources, require additional levels of oversight, and create competition for representation and funding. Nonprofits also glean benefits from cross-sector partnerships and adoption of organizational effectiveness strategies, such as higher profiles in planning and policy fora (Dattani, 2012; Hudson, 2009). Nonprofit's target populations may benefit from this decentralization of power through increased access to services and local management too

(Pestoff and Brandsen, 2013). Given the possible benefits to all stakeholders resulting from cross-sector partnerships, nonprofits and their collective agency must be sure to target their involvement appropriately, especially as demographics or demands within their service areas shift (Parenson, 2012; Phillips and Smith, 2011; Zimmer, 2010).

Opportunities emerge post-disaster for nonprofits to provide services outside entrenched norms, capture temporary social cohesion attributed to the shared experience, and gain traction to reduce marginalization and improve community capacities (Oliver-Smith, 1999). For example, nonprofits are able to identify vulnerability factors (Cutter, 2006) specifically linked to poor disaster outcomes for individuals, such as increased income, age, gender, and racial marginalization. A disaster by definition exceeds the capacities of the affected community to cope with the situation without external assistance. Weighting factors identified by nonprofits indicates disaster-specific marginalization in forty-six percent more areas than those associated with typical vulnerability. They overlapped with these traditional factors 40 percent of the time due to prolonged marginalization reduction efforts. Nonprofit perspectives alter the understanding of vulnerability, especially for specific events (Hutton et al., 2015a). Their input could improve long-term marginalization reduction strategies developed during recovery (Emrich, 2005).

The Access Model further exemplifies how nonprofit activity sensitizes governance to the power dynamics limiting marginalized groups by establishing social protections and facilitating appropriate post-disaster intervention (Wisner et al., 2004). As outlined in *The expanded framework for understanding cross sector collaboration during extreme events*, nonprofits negotiate conflicts and build trust between emergency governance and their communities, thereby adding legitimacy to the new operating environment (Simo and Bies, 2007). Social capacities fostered through interaction with and between nonprofits and decision-makers benefits communities following a disaster. In the absence of entrenched discrimination, residents may be encouraged to stay and potentially get involved in the recovery process (Aldrich, 2012).

The International Disaster Risk Reduction Framework for Sustainable Development delineates the pre- and post-disaster processes with which various levels of governance—from international to local—may participate (Birkmann, 2013). Integration pathways vary depending on the operating systems and collective agency held by each nonprofit according to *The nonprofit integration pathways for Disaster Risk Reduction* (Hutton et al., 2016). Some nonprofits are expected and immediately invited into emergency management by the government, such as the Red Cross (McLean et al., 2012). Those that arise after due to new community needs may close after completing their mission or struggle to establish the connections to engage after initial media attention fades (Carlton and Vallance, 2014). Nonprofits that have been working to reduce marginalization in the area prior to the event leverage their existing partnerships to effect change, but this may take years, be diverted by misaligned assistance directed toward the sector, or lack the authority and resources to last (Hutton et al., 2016). As centralized emergency governance is established after a disaster, the type, amount, and redundancy of nonprofit integration for recovery management

and traditional public service provision should be adjusted to capture new and maintain existing capacities of the organizations and the marginalized populations they serve.

The timeline for recovery, including the transition to recovery from the surrounding stages of emergency management, response, which precedes recovery, and mitigation, which follows has four stages. The costs and durations of each recovery stage depend on the level of development of the affected area and the milestones used to measure completion. In cases of catastrophe, such as Hurricane Katrina, where local processes are no longer operational, management timelines may greatly extend (Paul, 2011).

The latest iterations of the recovery trajectory from Frerks et al. (1995) and Alexander (2000) term the four stages as relief, rehabilitation, reconstruction, and redevelopment (Paul, 2011). These stages overlap as one ends and another begins. Relief features damaged and destroyed services that limit traditional operations and require temporary ways to distribute goods and services. Relief typically occurs within the first month. When debris is cleared and services are returning to a functional level, rehabilitation takes over and lasts for a couple months or more. Reconstruction begins with demolition and seeks to rebuild to the original or a better state may take up to ten years to complete. The removal of temporary shelters indicates that reconstruction has given way to redevelopment, an unending stage, which involves the completion of major redevelopment projects for the improvement of the area.

Alexander (2000) states that in developed countries, initial levels of development must be restored prior to the redevelopment stage. Herein, since the services being rebuilt are costly, reconstruction is the most expensive stage. Rehabilitation is the second most expensive stage because it lays the foundation for reconstruction. It is imperative that the organizations representing marginalized groups in the recovery are aware of the way funding will be distributed and what priorities can be achieved in each stage to focus their advocacy efforts.

Internal management structures and external relationships among organizations may require the breakdown of silos to react quickly and comprehensively following a disaster (Bourk and Holland, 2014; Dattani, 2012). The organic nature of nonprofits allows organizations to form after a disaster and or alter their services or systems during response and relief to capture the resulting needs and synergies.

To sustain themselves, nonprofits balance their ability to maintain public value, political will, donor support, and staffing resources (Moore and Khagram, 2004). As shown in *The nonprofit resilience model for post disaster developed, urban settings*, nonprofits are better able to absorb shocks if they can transition their operations from traditional to response, and then recovery fluidly, depending upon the hazardousness of their area (Hutton et al., 2016). During recovery nonprofits benefit from adaptation of services, engagement with emergency governance, and communication of needs and commitments to community wellbeing (Dalziell, 2005). Instead of building bridges to engage new populations in response and early recovery, mid to late-recovery is most successful if nonprofits establish linkages with agency connec-

tions, such as government and philanthropic funders, as well as partners doing similar work in the public and private sectors, to stay relevant in the more competitive operating environment (Carlton and Vallance, 2014).

The Grounded Theory Model identifies midterm recovery as an ideal time for nonprofits to redirect their strategies (Doerfel et al., 2010). Kimberlin et al. (2011) states that strong leadership, evaluation, and engagement are needed to sustain nonprofit success after an emergency. Further, a multilevel approach provides a sound scaffolding for sustainable nonprofit operations (Smith and Wenger, 2007). These findings were exhibited in the *The proactive recovery transition model for varying levels of nonprofit agency connections* (Hutton, 2018). Higher levels of collective action were most effective at guiding large-scale realignment, when representation was adequate for the interests of all involved. For integration to be most impactful, a range of personal connections, membership organizations, and convened groups were helpful (Hutton, 2018). Lessons learned from nonprofit sector integration may facilitate parallel or complimentary options depending on the level of centralization in the recovery management system.

10.2 Recent international experiences of centralization in recovery management

Countries may have a specific recovery organization or utilize existing agencies. Both have their strengths and weaknesses, but either can be accounted for in the assessment if an organization knows the benefits of integration with the system they are operating under (Davis and Alexander, 2016). In more centralized management systems, institutions may get in the way of progress and their role should thus be critically evaluated. For example, the Earthquake Commission and the National Flood Insurance Programs, orchestrated respectively by the New Zealand and United States governments, strain national financial and staffing resources after a disaster. However, coupling nationally backed insurance programs with the typical outpouring of funds to an affected area jump-starts recovery. The resultant overlap in jurisdictions may complicate information sharing and contribute to increased centralization as the government tries to account for financial assistance expenditures (Johnson and Olshansky, 2017).

The international community and many national governments understand that all disasters are local, and the best way to manage them is at the local level, but this is a paradox of definitions because a disaster undermines local capacities. Quickly making funds available and reducing regulation facilitates a rapid recovery, but allocation and expenditure-tracking required robust monitoring and evaluation. Further, many social issues cross institutional boundaries within newly established recovery management authorities: across traditional geographic, jurisdictional boundaries between cities and states, and among social service providers.

Coordination at the nonprofit sector level facilitated cross-sector and jurisdiction cooperation in India after earthquakes within eight years of one another, the

last in 2001. The Abhinya nonprofit network preformed housing restoration and liaised with the public regarding community-based reconstruction, legal assistance, and health. The Abhinya network was backed by the Gujarat State Recovery Authority, convened resident advisory panels, and utilized memoranda of understanding with villages to bolster its effectiveness (Johnson and Olshansky, 2017). For communities with less self-organization experience continuous assessment and evaluation of structures may precipitate effective integration strategies.

Opportunities for lasting change are missed when the emergency management agencies in the United States and New Zealand that require nonprofit participation do not comprehensively link their input to resource allocation. Following reports of community dissatisfaction with engagement in post-Katrina recovery planning, nonprofits were mandated to be a part of federal emergency management efforts in the National Disaster Recovery Framework. However, despite increased focus by the Rebuild Task Force on community integration, long-term resilience, and capacity building following Hurricane Sandy, local implementation opportunities were still limited (Johnson and Olshansky, 2017). Residents expressed concerns regarding rezoning and the distribution of redevelopment funds (Gotham and Greenberg, 2014). Although nonprofits are increasingly engaged in name with collaborative governance for recovery management, robust planning involvement and implementation are lacking.

Housing recovery and urban restoration, in particular, exhibits community dissatisfaction wherein those with some of the greatest emergent need that are displaced or have low incomes initially are not adequately accounted for regardless of nonprofit advocacy on their behalf. The disconnect in institutional intentions is evident in the United States' funding mechanisms as well. The Federal Emergency Management Agency (FEMA) was established to address emergency management not long-term reconstruction and redevelopment. No amount of immediate assistance will overcome recurrent hazards or entrenched marginalization. FEMA does provide a longer-term Hazard Mitigation Grant Program and Public Assistance funds are available for nonprofits, but awareness of how to apply and qualification requirements is low. The Community Development Block Grant – Disaster Recovery program orchestrated by the Department of Housing and Urban Development extends funding to address reconstruction issues. Connecting recovery and mitigation funds would stream-line recovery priorities for marginalization reduction (Montz et al., 2017). State and city roles and funding contributions are contentious when recovery management is centralized. Centralized agencies, such as CERA and the Hurricane Sandy Rebuild Task Force, can negotiate and are in some ways temporarily immune to these tensions. However, decision-making by these additional bureaucrats must be transparent and inclusive, or residents will perceive the rebuild to be too fast or removed, potentially bringing legal challenges (Johnson and Olshansky, 2017).

Balancing engagement, costs, and timelines benefits from extensive communication of opportunities for input and funding. Even if funds are disconnected, the distribution of information regarding their intention and awareness raising of disaster-related marginalization may align to produce change to underlying social, political,

and economic systems that would not otherwise have been possible. Full dissolution of entrenched marginalization contributors could carry exorbitant costs, but establishing precedent to reduce these through integration can leave lasting institutional change. As recovery becomes more centralized for large-scale disasters in New Zealand and the United States, nonprofits should seek connections on fiscal as well as social recovery committees. For countries with less centralized or parallel governance systems for social service provisions, coming together as a nonprofit sector is still beneficial post-disaster to guide activities and resources.

The formation of centralized recovery management authorities may have all the facets of community involvement, but fail in practice. For governments accustomed to decentralized systems lack inherent ability to engage in long-term redevelopment. As the scale of disasters strains resources for various levels of management in multiple sectors, it is important to identify how to translate existing collaborative efforts into regulatory and funding opportunities for recovery that reflect community priorities.

A case study of Christchurch, New Zealand illustrating how the centralization of power throughout recovery alters the capacities of nonprofits to engage marginalized populations in place-making follows. First, I explain the centralization of power. Second, I present the theoretical framework and methods for nonprofit activity analysis. Third, I explore the nonprofit identified priorities for marginalization reduction to identify the changing role of agency throughout the recovery process. Finally, I discuss the components of the *Nonprofit Relational Recovery Assessment*, a scalable evaluation mechanism to improve integration in centralized recovery environments that was generated from the analysis of nonprofit place-making capacities and collective agency in Christchurch.

10.3 The case study of Christchurch, New Zealand

The centralization of power to address the repeated earthquakes in Christchurch was a significant departure from long-standing decentralization priorities of the New Zealand government. Accommodations for ethnic minorities, the elderly, and the disabled were insufficient in terms of emergency messaging, transportation, and engagement in rebuild planning (Lambert and Mark-Shadbolt, 2012; Phibbs et al., 2012; Johnston et al., 2011). The socioeconomic consequences of prolonged rent increases, confusion with the insurance process, and reduced social assistance provision compounded marginalization for low-income families, youth, the elderly, and ethnic minorities (Hutton et al., 2015a). Addressing these gaps with recovery management required years of nonprofit advocacy (Hutton et al., 2015b). Of particular interest to social service providers trying to restore a sense of place was the Social and Cultural Unit of CERA, which was tasked with building community resilience, addressing social services, ensuring housing availability, and was broadly responsible for social and cultural outcomes (Johnson and Olshansky, 2017).

Nonprofits have been integrated into social service provision in New Zealand since the 1990s through co-production of services with the relevant government entities. The government considers nonprofits to be champions of marginalized populations (Larner and Craig, 2005). Although this is more evident in service provision sectors, such as health and social development, it is also available for land use decisions through engagement requirements with city, territorial, and regional government. The nonprofit sector was identified as contributing to community capacity building and bolstering government services for their target populations before the establishment of Civil Defence. Its contribution to socioeconomic support and community well-being during the recovery was also recognized by the Ministries of Health and Social Development (Brookie, 2012; Nicholls, 2013).

Due to the severity of the deadly February 2011 aftershock in Christchurch, which resulted in the first state of emergency in the New Zealand's history, officials looked to recent emergencies in Australia and the United States for guidance on recovery management. They also took lessons from historic earthquakes from Napier, New Zealand in 1931, which fostered the creation of the Civil Defence System, and San Francisco, California in 1906 and 1989. A similar centralization of power was used to manage the large-scale disasters resulting from Hurricane Katrina and later Hurricane Sandy. Post-disaster nonprofit engagement strategies may consequently be transferable.

10.3.1 Managing the Christchurch earthquake sequence

The latest sequence of earthquakes in the vicinity of Christchurch, New Zealand, began in September 2010 with an event measuring 7.1 on the Richter scale. This initial earthquake caused significant rural structural damages in three districts and façade failures in the Central Business District, but it had minimal impacts and no fatalities due in part to occurring early in the morning, coupled with strong coordinated response by national, territorial, and regional authorities (Johnson and Mamula-Seadon, 2014). However, three additional earthquakes of 6.0 magnitude and higher disrupted this public feeling of safety and initially appeared to overwhelm authorities already involved in the recovery from the September earthquake (Brookie, 2012).

The risk of seismic activity in the Canterbury Plains, of which Christchurch is a part, was previously considered as of comparatively low probability because the Alpine Fault, over one hundred km away in the Southern Alps, holds seventy-five percent of the expected activity for the Southern Alps (Stirling et al., 2012; Pettinga et al., 2001). The February 11th 2012 event was the most devastating in New Zealand sine the 1931 Napier earthquake. One hundred and eighty-five people died, over 7500 residents were permanently displaced from their homes within a year, over sixty percent of the central business district was set to be demolished (Figs. 10.A.1 and 10.A.2). Liquefaction produced 500,000 tons of material that had to be removed from across the city (Johnson and Mamula-Seadon, 2014). Residential repairs were expected to take four years, and commercial up to fifteen (Fogarty, 2014).

An earthquake in June 2011 was considered the tipping point for psychosocial concerns in Christchurch by the Ministry of Health. Timing contributed to this desig-

nation because of the resultant post-traumatic stress it presents approximately three to five months or three to five years after the event (Pierpiekarz et al., 2014). An additional earthquake-related fatality also added to stress levels (GNS, 2014). An earthquake in December resulted in limited physical damage, but an increase in self-reporting for counseling, perhaps a consequence of continued trauma and normalization of counseling services by community outreach programs (Clay and Bovier, 2012).

The New Zealand Civil Defence includes frameworks for emergency and recovery management, as well as a nationally backed earthquake insurance program (Johnson and Olshansky, 2017). However, the multiple events and extent of damages challenged governance, construction, and community resources. The Canterbury Earthquake Recovery Act of 2011, which passed two months after the event, solidified the five-year establishment of the CERA, which had already been operating for a month. This extended the powers from the original Canterbury Response and Recovery Act 2010 and Commission, which was meant to make reconstruction from the September earthquake more stream-lined (CERA, 2012). These recovery governance entities received the power to forgo most New Zealand laws for the sake of rapid recovery. Placing the national government as the primary insurer, reconstruction coordinator, and socioeconomic development director causes conflicts of interest in decision-making and resource allocation.

Although both the Australia New Zealand Risk Management Standards (adopted in 1995) and the Civil Defence Act (of 2002) prioritize stakeholder input, recovery governance featured reduced measures for community engagement to a shared community access point, information provision, or survey acquisition (Johnson and Mamula-Seadon, 2014). Various existing government offices, including the Ministry of Social Development and the Department of Building and Housing, among others, had supporting roles in the recovery. The role of the Christchurch City Council, already reduced following the centralization of power after the September earthquake, remained limited and faced transparency challenges until a new mayor was elected in 2013 (Johnson and Olshansky, 2017). These disparate engagement opportunities and inconsistent leadership limited local implementation of recovery priorities and contributed to the partial extension of the Canterbury Earthquake Authority operations until 2021. Local capacities could have been built in multiple sectors through expanded involvement and delegation, but this opportunity was missed from the recovery management perspective in the interest of quickly leading the area out of a large-scale disaster.

Supporting entities with different structures were established to ensure budget and labor allocations were appropriate for concerns related to infrastructure and the central business district. The City Council created the Stronger Christchurch Infrastructure Rebuild Team (SCIRT) with representation from the Canterbury Earthquake Authority and other implementing partners, including nonprofits. The Christchurch Central Development Unit (CCDU), which did not feature public participation, was created as a part of the Canterbury Earthquake Authority to manage, revise, and implement the *Christchurch Central Recovery Plan* after it was removed from the

jurisdiction of the City Council to include more private sector interests. The Earthquake Commission determined housing reconstruction. Fletcher Construction was contracted to handle the repairs. Supporting recovery governance strained labor at several levels of government and the construction industry (Johnson and Mamula-Seadon, 2014; Chang-Richards et al., 2013).

Recovery entities experienced dramatically different levels of success. SCIRT had one of the highest approval ratings of any organization involved in the rebuild, finishing most of its projects by the 2016 target. Despite accelerating the rebuild, the CCDU encountered criticism for changing elements of the plan without public input and raising unnecessary regulations to limit cross-sector input. The original city rebuild plan presented by the Christchurch City Council received 130,000 resident responses from a website, survey, and community focus group input called the 'Share an Idea' campaign. Residents' place-making desires were expressed for building elevation limits, green spaces, and aesthetically pleasing cityscapes (Platt, 2012). When CERA assumed control of the plan, changes led to increased distribution of public distrust, which reflected on the mayor and Christchurch City Council as well (Brookie, 2012; Fogarty, 2014; Platt, 2012). Despite concerns with transparency for finalizing the central business district rebuild plan, the revised precincts reflected nonprofit tendencies to colocate for improved efficiency through connections by designating services, such as public health, safety, culture, and recreation to areas where they could cluster and potentially benefit in the future (CERA, 2015a).

In another instance of community push-back, regional land use changes for increased housing stock made unilaterally by CERA were revised through the legal process to include more community participation. Over 450,000 insurance claims were filed with national insurance program (Johnson and Mamula-Seadon, 2014; Platt, 2012). New housing construction had not met demands by 2016, and what had been built caused residents to change school, work, and recreation patterns (Johnson and Olshansky, 2017). Having multiple entities involved in reconstruction is inevitable, but can cause cultural, recreational, and community activities to be overlooked without the appropriate amount of interagency coordination and local consultation.

Cross-sector wellbeing surveys used by CERA to gauge social recovery echoed nonprofit concerns. Residents that were vulnerable before the earthquakes and the new vulnerable population, which emerged as a result of the disaster, were identified by low wellbeing scores, including ethnicity, not owning one's home, disability, poor health, income, and age between 35–49 or elderly. As of 2013 housing quality and available accommodations remained fairly stagnant, but gains were made in locally available recreation, services, social networks, and employment. Although addiction, assault, and stress persisted, the overall quality of life in Christchurch was actually only six percent lower than the average of other cities across New Zealand. Unsatisfactory stress levels, housing conditions, and child safety remained in 2014 (CERA, 2015b). The return rates on later surveys declined indicating a reprioritization of individual and household activities (Morgan et al., 2015). Capturing the remaining leadership opportunities associated with these issues will require a stepped transi-

tion to local partners between the original date of CERA's dissolution 2016 and the revised one in 2021.

10.3.2 Analyzing the role of agency in facilitating the recovery priorities of nonprofits

Nonprofit experiences with resettlement, urban revitalization, and healthcare provision are included to delineate which agency connections facilitated effective recovery contributions to social services. Data were generated three to four years after the two most destructive earthquakes in the sequence, during the post-disaster reconstruction stage in 2014. Previous studies have utilized this data to develop *Nonprofit integration pathways for Disaster Risk Reduction*, the *Nonprofit resilience model for post disaster developed, urban settings* (Hutton et al., 2016), and the *Proactive recovery transition model for varying levels of nonprofit agency connections* (Hutton, 2018). Thirty-six social service nonprofits focused on health and well-being, operating in Christchurch participated in interviews. Members of a subset were also involved in staff focus groups and management reviews of staff comments. Some of the participants also held issue specifically to collective action meetings attended by the researcher. The limited number of focus groups was a reflection of limited staff at many nonprofits. These responses reflect an organizational discourse developed by people, which may entail some bias in characterizing the work of their employers. Participants were asked about changes to the populations they served, operating environment, and relationships with external partners. Analysis was conducted by applying Pierce et al.'s (2010) "Steps for investigating relational place" to a post-disaster setting: i) identify nonprofit driven priorities for recovery, ii) explore how the disaster reframed the perception of place, iii) acknowledge key actors shifts thereof, and iii) interrogate how place informs actors' positions.

Using a heuristic approach, I focused on issues identified as recovery priorities by the participants: housing and urban revitalization (Table 10.1) and mental health, which includes emotional stress, risk-taking and health messaging (Table 10.2). For each issue I grouped the responses of engaged organizations regarding reframing operations and audiences and extracted accounts of outcomes. Using these discourses, I identified relational place negotiation points with nonprofits and their partners throughout recovery. At these transition points, I explored how the post-disaster urban setting influenced participant's perspectives and options. This research contributes practical and theoretical insights: that through the centralization of power, relational place is renegotiated by nonprofits throughout disaster recovery within the frame of the affected area and with particular attention to place-making for marginalized groups.

Opportunities to renegotiate relational place are generalized into a recovery assessment to periodically evaluate priorities and partners for effective engagement with recovery management. By setting the study area as the post-disaster area, nonprofits can adjust the scale of the assessment to fit their operating space and environment.

Table 10.1 Nonprofit participants and partners prioritizing housing and urban revitalization.

Nonprofits	Reframed interactions with audiences	Reframed operations	Key external actors	Timing of outcomes
Housing				
• Healthy Christchurch • Council of Social Services • The Red Cross • World Vision • City Mission[a] • CanCERN • Meals on Wheels[a] • Avebury House • Neighbor-hood Trust[a] • Public Service Association • First Union • Refugee Council • Migrants Centre	Rental accommodation needed Insurance claim assistance needed Housing demand from construction workers Need for nonprofit office space, supplies, and emotional support Leadership relocated Heightened isolation Emergent group for displaced community	Earthquake workshops available Nonprofit recovery prioritization meetings with geographic sets and eventually one hundred organizations Partnerships for logistical support	• Ministry of Social Development • District Health Board • Earthquake Commission • Fletchers Construction	MSD and Red Cross recovery grants CERA psych-social group established in early stages Temporary space waiver for a few years One Voice two years after Increased attention to government housing within three years
Urban revitalization				
• Ministry of Awesome • Student Volunteer Army • Gap Filler • Greening the Rubble • Project Lyttelton • Volunteering Canterbury • Community Garden Association	New organizations emerged to meet earthquake specific needs Others experienced fluctuations in demand for services due to red zoning and debris removal	Capitalized upon media attention and newly vacated space Engaged volunteers Organized activities to draw resident and visitors to the city	• City Council • Ministry of Social Development • Civil Defence	Volunteers for debris removal declined after several months Temporary projects moved about the city throughout reconstruction with City Council support

[a] *Focus group participant.*

Table 10.2 Nonprofit participants and partners prioritizing mental health.

Nonprofits prioritizing mental health	Reframed interactions with audiences	Reframed operations	Key external actors	Timing of outcomes
Emotional stress				
• Social Service Providers Aotearoa • All Right Campaign • Problem Gambling Foundation • Rural Support Trust	Increased interest in counseling services	Address complex cases through partnerships Nonprofit representative to CERA	• Ministry of Health • District Health Board	Launch mental health campaigns in earthquake affected areas after three months Addiction reduction not prioritized in reconstruction despite advocacy Interest fading after three years
Risk-taking				
• District Health Board Public Health Division • District Health Board Sexual Health Centre • Youth and Cultural Development Trust • 298 Youth • Family Planning[a] • Aids Foundation • Prostitutes Collective • Rodger Wright Centre[a] • Sexual Health Blood Borne Viruses Group[b]	Perceived access limitations immediately and as debris was cleared up to three years after Reduced social spaces Increased interest in drug rehabilitation	Temporary shift in outreach Permanent increase in outreach via new methods Post-disaster priority advocacy to national policy makers	• Ministry of Health • Ministry of Social Development	Health Sector of the city planned for reconstruction / redevelopment

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Table 10.2 (*continued*)

Nonprofits prioritizing mental health	Reframed interactions with audiences	Reframed operations	Key external actors	Timing of outcomes
Messaging				
• Refugee Council • Migrants Centre • Pegasus Health • Interpreting Canterbury • Communication Language Information Network Group[b]	Temporary stop on refugee placement Influx of immigrant construction workers	Community outreach altered Reformed collective action group	• Housing New Zealand • Immigration • CERA • Earthquake Commission • City Council	Outreach for migrants working with recovery organizations changed after three years

[a] *Focus group participant.*
[b] *Collective group of interest specific organizations.*

10.3.3 Housing and urban revitalization

In Christchurch, reconstruction and redevelopment hinged on effective resettlement of residents and businesses given the extent of damages. Citizens and small business owners, including nonprofit organizations were prompted to overcome reduced housing options and remain in Christchurch through the extension of government subsidies, reduced office space restrictions, and social networks (Fig. 10.A.3) (Pierpiekarz et al., 2014; Stevenson et al., 2011). Displaced residents preferred to stay with family and friends, instead of in the temporary housing options. This caused overcrowding and the breakdown of relationships as the recovery timeline was extended (Giovinazzi et al., 2012). Rentals funded by insurance, the Ministry of Social Development, Housing New Zealand, and the Red Cross reached maximum pricing capacity by 2014. Also, there have been complications and delays in obtaining national insurance payments (Johnson and Mamula-Seadon, 2014; Platt, 2012). Residents wishing to pursue a rental had to take on financial burdens themselves to pay overages (Fogarty, 2014; Stevenson et al., 2011).

Resettlement can be geared toward maintaining a sense of place and reducing risk if the correct resources are available for those being resettled (Birkmann, 2013). Although the most palatable resettlement programs are voluntary, that was not possible due to safety and financial concerns. The Earthquake Commission did, however, offer several types of buy-out options for those in condemned areas, known as the Red Zone, and clearly publicly announced the means of triage for other levels of home damage (Johnson and Olshansky, 2017). The engagement of nonprofits with

partners in their own and other sectors facilitated more equitable distribution of financial assistance to maintain social service capacities, expanded services for newly marginalized groups, and implemented community trainings on how to access funds (Britt et al., 2012). Compounded financial obstacles from multiple earthquakes and the concurrent recession strained nonprofit budgets as well (Stevenson et al., 2011). Some nonprofits took advantage of temporarily reduced restrictions on office space and sought shared or residential locations. Other nonprofits benefited from temporary compensation from the Ministry of Social Development (Platt, 2012).

Specific nonprofits were consulted through City Council and ministry convened focus groups regarding psychosocial and community wellbeing concerns before the earthquakes and going into the recovery stage, but these opportunities offered limited engagement with CERA for recovery planning or implementation. Workshops offering technical assistance were offered to nonprofits by CERA, but were largely unwelcomed by the sector, which by that time had devised ad hoc systems and services to meet their operating needs and those of their target populations. Most input to and information from CERA related to recovery planning was received via surveys or community meetings. The nonprofit sector gained formal representation within CERA in late 2013, over two years after the February earthquake. Two delegates were allocated, one for indigenous nonprofits serving the Maori and one for all other nonprofits. This opportunity was generated from a self-convened meeting of over one hundred nonprofits, which advocated for representation as a group called 'One Voice'. Although it did not result in sufficient representation for the diverse sector, it exhibited the power of collective action.

'One Voice' was initiated from traction gained in smaller meetings of geographically organized local nonprofits convened through collaborations between the Council of Social Services and Healthy Christchurch. Both nonprofits coordinated resources in response to shifting demands on the nonprofit sector. The Council of Social Services, a membership organization, shared information and resources, such as replacement office furniture, throughout Christchurch with support from the Ministry of Social Development. For example, the Community House, a shared office space for at least ten related nonprofits was temporarily reestablished during rehabilitation and permanently as reconstruction started with the assistance of the Council of Social Services to source suitable locations. Healthy Christchurch, a signatory group associated with the District Health Board, addressed wellbeing concerns of Christchurch-based nonprofit staff. The combined efforts of nonprofits and their collective agency opened an integration pathway with recovery management and helped maintained the capacities of the sector itself.

Delayed and inadequate representation to CERA, however, restricted the nonprofit sector's influence upon reconstruction and redevelopment planning. Consequently, nonprofits struggled to identify means other than insurance with which to address their concerns regarding housing options for marginalized populations. Smaller community projects received funding from the City Council after the 2013 change in leadership, but large-scale reforms were delayed or unrealized because of limited access to CERA's financial and decision-making resources.

CanCERN, a resident's association, was the exception. CERA received CanCERN well, and it leveraged significant negotiating power for residents from the Red Zone. Residents who benefited from CanCERN, however, became disenchanted and more individualistically focused as the recovery continued and were less engaged in community activities after buy-outs were distributed.

Some nonprofit populations encountered reduced management or utilization of services due to personal relocation. On the one hand, Avebury House suffered somewhat from a disassociated board of directors because of its proximity to the Red Zone, which caused concern regarding its ability to maintain relevant activities for the community's elderly as the area redeveloped. On the other hand, Meals on Wheels, despite continued backing from the District Health Board to adapt their delivery services and the ability to maintain volunteers through a relationship with the Red Cross, experienced reduced demand because some of their elderly population relocated to other cities. These outcomes increased isolation for some of the elderly.

Support from the Red Cross came in multiple forms. It provided two million New Zealand Dollars (NZD) during response and fifty thousand NZD for recovery to affected communities that would last four to five years, much of which was allocated to support nonprofit partners. Nonprofits with common core values, such as World Vision, Salvation Army, City Mission, and other Christian organizations, utilized their unfunded partnerships to share logistics management.

Cross-sector partnerships benefited the influx of migrants in need of housing. Since reconstruction workers were contracted through Fletcher Construction, two nonprofit unions supported advocacy campaigns for trauma support, reduced overcrowding, and adequately heated housing. First Union launched the campaign and Public Service Association expanded its target population to contribute political weight. Christchurch Migrants Centre Trust and Canterbury Refugee Council, which had long been concerned with heating issues, also joined and brought connections with the Ministry of Social Development and Department of Housing to the issue. Although some of these nonprofits experienced a decreased service population because resettlement to Christchurch, which previously received the second highest number of migrants in the country, was stopped and various ethnic groups relocated, this opportunity to further their campaigns collectively could not be missed (Hutton et al., 2015b). Partnerships that emerged with Maori nonprofits to meet the needs of disconnected and displaced refugees, migrants, and indigenous communities alike during initial response and relief continued to leverage their combined influences upon emergency management and parallel ministries to achieve mutual gains (Kenney et al., 2014). Exacerbated long-term issues were better served when integrated with existing government ministries rather than attempting to create change through limited integration with recovery management.

The demolition presented an opportunity to restore the Central Business District, which had been in decline prior to the earthquake (Pierpiekarz et al., 2014). Parenson (2012) argued that integration of nonprofits into the rebuilding process would increase ownership of the resulting cityscape. As the recovery progressed, new nonprofits formed from volunteer groups to address emergent marginalized groups

affected by the demolition and psychological strain through risk reduction activities and engagement with city and recovery management authorities. Some of the most successful were Student Volunteer Army, Gap Filler, Greening the Rubble, and Ministry of Awesome.

New groups exhibited common strengths in organizing community energy for clearing earthquake debris, use of vacant city lots, and recognizing trauma. However, continuous citizen involvement was not expected as they are often interested primarily in solving immediate problems more so than planning for future gains (Seville et al., 2006). Although many of these nonprofit operations endured past rehabilitation, some discontinued service after the initial recovery period. Three inventories of nonprofits taken between four months and two years after the February earthquake by Carlton and Vallance (2014) showed that nonprofits set-up to organize events, maintain online communication boards, provide specific earthquake services, create memorials, or address geographically specific issues were inactive by the reconstruction stage. Although some organizations adopted limited planning, such as student clubs, others utilized a board of directors for continuous planning and assessment (Hutton et al., 2016). However, tensions with other nonprofits and short funding time-frames threatened the continuation of fledgling nonprofits into the redevelopment stage.

Some newly formed nonprofits enjoyed initial support from existing nonprofits with similar social interests until they could be formally established. For example, Greening the Rubble and Gap Filler, which address empty spaces in the city, formed partnerships with gardening and art nonprofits (Vallance, 2011). Emergent issues also usually garnered earthquake-related funds, such as those provided by the City Council through Creative New Zealand for the temporary use of vacant space in the central business district to prevent it from becoming an underutilized wasteland as demolition proceeded (Fig. 10.A.4). National media attention in the immediate aftermath of the disaster and international interest in exporting ideas to other urban areas helped to sustain some groups into reconstruction. As recovery progressed and funding opportunities became more competitive, friction developed between some organizations. The nonprofit representative to CERA reported that there are 7000 to 9000 formal nonprofits in Christchurch, ranging from online forums, to soccer clubs, to think-tanks; with so many nonprofits, some competition is inevitable.

The Student Volunteer Army and Volunteering Canterbury were both involved in immediate response. They each received allowances from the Civil Defence to work in the city in the first days after the February earthquake. On the one hand, the Student Volunteer Army gained national and international attention as a student club by completing thousands of projects across the city over the next three years. It was called in to advise on disasters response practices following the Tohuku earthquake in Japan and super storm Sandy in the United States. It also consulted on the Sendai Framework and contributed to Christchurch's designation as one of Rockefeller's 100 Resilient Cities. The resulting nonprofit, Student Volunteer Army Foundation, however, struggled to identify clear goals after an internal leadership changed and media attention declined. Therefore, most associated activities returned to the originating

student club. On the other hand, Volunteering Canterbury persisted and began reformatting to address reduced volunteer interest in long-term assignments.

As the demolition progressed residents continued to report a disconnect with the central business district. Much of the function initially restored was associated with tourism rather than local interests, such as the ReStart Mall. The Ministry of Awesome sought to bring people back to the city center by hosting events sponsored by private companies, such as Burning Man, which attracted both residents and tourists. The Festival of Transitional Architecture, which has occurred toward the end of each year since 2012, brought a similar audience interested in new urbanism to engage with projects established by nonprofit partners, including Gap Filler and Greening the Rubble. These nonprofits created gardens, memorials, and artistic installations temporarily based on strategies used after September 11 and other community altering events for commemoration and return to damaged-but-economically-necessary spaces (Wesener, 2015). As reconstruction began and the installations moved throughout the city, residents became better acclimated to the changing landscape (Hutton, 2017). Refacing the city later became a contentious issue for the art and historic groups that were once strong supporters of this type of emergent nonprofit. Changes to the city reconstruction plans solidified a cultural and art precinct, but the competition remains.

External support for gardens in New Zealand was a trend at the time of the earthquakes that continued into the reconstruction stage. Project Lyttelton expanded gardens into vacant spaces on its own volition as a form of gorilla gardening, whereas the Canterbury Community Gardening Association continued with their original allotments and temporary gardens, and negotiated waivers through personal connections and the City Council. Project Lyttelton, being outside Christchurch, further benefited from the influences of the master plan for the nearby port city upon recovery planning priorities. It was also part of a Ministry for Social Development cluster, which another suburban nonprofit, Neighbourhood Trust, confirmed to be helpful in connecting individuals to social assistance to remain in their communities because members shared organizational effectiveness strategies.

In large-scale disasters, it is important that culturally significant spaces are available to provide gathering places and bolster economic opportunities in recovering cities (Montz et al., 2017). Nonprofits addressing the revitalization of space benefited from connectivity to other nonprofits and city councils organized by themselves or their associated ministries in the long-term. Although the call for rejuvenation of the post-disaster central business district resonated internationally and bolstered these efforts initially, sustaining these activities relied upon local commitment.

10.3.4 Access to health services

Health concerns are particularly relevant in disasters because poor health affects the capacities of individuals, households, and social networks (Tobin, 2014). Following the 2011 Christchurch earthquake, the success of the health system during initial response was attributed to the disaster plans of individual hospitals and strong

networks within the broader medical community. Collective healthcare was promoted by the New Zealand through the 'one health system' mentality. Staff and resources were shared not only among hospitals, but also with non-traditional care facilities, such as nonprofits (Ardagh et al., 2012). Cordoned areas, limited transportation options, creating barriers to care up to a year afterward, and to some extent reconstruction limited perceived access because debris continued to block roadways and ongoing demolition increased emotional stress (Johnston et al., 2011; Lambert and Mark-Shadbolt, 2012). Alternative means of access provided by nonprofits specializing in the health of marginalized groups increased the likelihood that marginalized populations would continue to receive care. At the same time, nonprofit collective agency, leveraged shared resources to address marginalized groups that emerged post-disaster. Nonprofit health providers attributed increased emotional stress, family violence, and risk-taking behavior to the disaster experience (Hutton et al., 2015a).

As the recovery process evolved, so did the role of nonprofits to ensure comprehensive healthcare access for marginalized communities, families, and individuals. Rising reports of emotional stress increased pressure on mental health related nonprofits, which precipitated a refinement of services and systems in Christchurch. Social Service Providers Aotearoa adapted their call-in line for more complex cases presenting during recovery and expanded its network to absorb increased demand. The All Right Campaign, Problem Gambling Association, and North Canterbury Rural Support Trust were also concerned with the psychosocial state of the greater Christchurch area. Whereas, Social Service Providers Aotearoa perceived nonprofit partnerships among similarly focused organizations to be the best way to influence recovery efforts, engagement with government partners greatly benefited response activities and recovery planning engagement for Rural Support Trust, a national network with local offices working in farming communities. Problem Gambling Association experienced mixed results with government interaction. Although a member of their staff was the representative to CERA for the sector, lasting removal of slot machines from the Central Business District was not expected. In fact, policy gains banning new gambling machines were overshadowed, when the casino was one of the first buildings reopened. The All Right Campaign, generated by Healthy Christchurch and directed by the Mental Health Foundation and the Canterbury District Health Board, benefited from government and nonprofit partnerships in forming slogans and distributing reports, but chose not to publicly display partner logos on messages to increase residents' receptivity (Fig. 10.A.5). The future of the All Right Campaign was limited by funding, and Rural Support Trust also struggled to continue its interest in addressing mental health concerns among farmers as attention on the disaster faded.

Ministry of Health contracted nonprofits may have experienced temporary office relocation difficulties or required additional support, but remained open and accountable for service provision through contract reporting. Many individuals, however,

perceived decreased access, which included access to buildings that remained open in the city, such as Family Planning and the Sexual Health Centre. In another instance, the New Zealand Aids Foundation had support from its national affiliates to cover relocation costs, but its population did not perceive their transitional location in a residential area to be accessible due to anonymity concerns. Some nonprofits shifted their operations to mobile delivery of supplies to reach their populations, which was the case of the Rodger Wright Center.

According to the Sexual Health Centre of the District Health Board and Youth Cultural Development Trust, risk-taking behavior changed in Christchurch based on the perceived success or failure of the city in weathering large aftershocks and frustration with ongoing repair processes. Youth in particular experienced higher risk of sexual health problems because earthquake damage limited the space available for social activities and forced many families into overcrowded living conditions. Whereas the adult workers that used Prostitutes Collective services could be contacted via text messages developed with the police to share safety-related information among those working in vacant houses or lots instead of damaged brothels, youth sex work was illegal. Since youths perceive increased stigma associated with risk-taking behavior, 298 Youth offered comprehensive services during appointments, and Youth Cultural Trust utilized online outreach. The opposite reaction was reported at the Rodger Wright Center, which dealt with increased demands for referrals to drug rehabilitation programs after the February earthquake.

Unfortunately, quantifying shifting need resulting from the earthquakes is difficult because complexities of care are often handwritten in doctors' reports and identification of appropriate demographics is based on client statements. Instead, nonprofits and government agencies met as a Sexual Health and Blood Borne Viruses group to collaborate on resource and advocacy needs with or without contract agreements to conform to and direct national commitments. Advocacy efforts contributed to the inclusion of a Health Precinct in the rebuild plan to increase comprehensive care opportunities.

As debris was cleared and structures were evaluated for occupation, an influx of international construction workers with varying disaster experience and health conditions further strained health service providers (Chang-Richards et al., 2013). Due to translation costs and cultural messaging barriers, sexual health information, for example, contributed to the marginalization of some populations, such as immigrant construction workers, migrants, and refugees (Came, 2014). Pegasus Health, is linked to migrant services through multiple ministries. Although, migrants both left and arrived in Christchurch, their national resettlement plan was temporarily suspended due to the earthquakes, which created a period when Pegasus Health could engage in increased advocacy and improve emergency messaging and communication of healthcare services for migrant community recovery. To do this inclusively and effectively they revitalized a previous migrant focused consultation group, the Cultural and Linguistic Communication Network Group. Migrant-focused nonprofits with connections to the Housing New Zealand and Immigration, such as Interpreting Canterbury and the Christchurch Migrants Centre Trust, were integrated into this

action. Despite strong connections with nonemergency government agencies it took three years for CERA, the Earthquake Commission, and the City Council to offer interpreters at information sessions and materials in multiple languages (Hutton et al., 2015b).

Strong integration of nonprofits with health governance allowed for immediate gains regarding mental health and risk-taking. Emergency and health messaging modeled and expanded this approach by including other related ministries to ensure that health information was available through their group members and all recovery agencies made outreach more inclusive. These strategies could be utilized in future disasters to restore and instill a sense of place among populations marginalized by their health status and cultural norms.

10.3.5 Distributive justice through depth and breadth of integration

Christchurch expressed an interest in maintaining a sense of place in its damaged central business district. Once the cordon was removed nonprofits went to work to gain city and private support to fund the volunteer efforts that they organized to repurpose demolition sites. Although temporary efforts did not address long-term issues, such as housing and culturally appropriate messaging, it did bring some populations back to the economic center. This had beneficial implications for the economic recovery of the area and helped to reduce the perception of inaccessibility to other central business district services. Outreach campaigns for health and insurance information were readily leveraged through the capacities of the well-connected health system and limited initial consultation with recover managers. Meanwhile, integrating to affect entrenched social issues exacerbated by the disaster required multifaceted outreach to the private and government sectors, which took time. Progress toward these social aspects of recovery may not have had the tangible and fast outcomes that residents desired, but indirectly improve capacities to withstand recurrent hazards. Since Christchurch dealt with over 13,000 aftershocks (GNS, 2014), these broadly distributed gains may have achieved more marginalization reduction than nonprofit influences upon building codes or zoning would have (Montz et al., 2017). In particular, integration established after disaster to make insurance programs more receptive to nonprofit priorities could remain after recovery to reflect the collaborative oversight opportunities available with traditional social service related ministries. By changing this relationship to a long-term effort, marginalized populations may gain long-term improvements.

Nontraditional partnerships between unions and nonprofits were established, and the history of collaborative groups uniting the nonprofit sector and traditional ministry partners was relied upon to achieve larger advocacy goals associated with representation and culturally inclusive recovery. Over half of organizations perceived some level of connectivity with recovery planning (Hutton, 2016). Personal connections formed the foundation for recovery planning input and collaboration. More than twenty-five instances of personal connections were collected. Involvement in collec-

tive action and collaborative oversight generated by the sector or in conjunction with government partners was stated six and eight times respectively. Nonprofits perceived the contributions of these collective and collaborative groups to be greater than their direct representative to CERA. Hutton (2018) reported that sixty-nine percent of nonprofits associated perceived government and community commitment to their issues with increased partnership generation from their sector. Integration across sectors and with multiple levels of government provided efficiency in the form of functional redundancy. Additional capacity was captured by leveraging long-standing, multifaceted patterns of integration with likeminded nonprofits, local government, and permanent ministries to allow immediate progress and became more robust overtime.

10.3.6 Assessing relational recovery

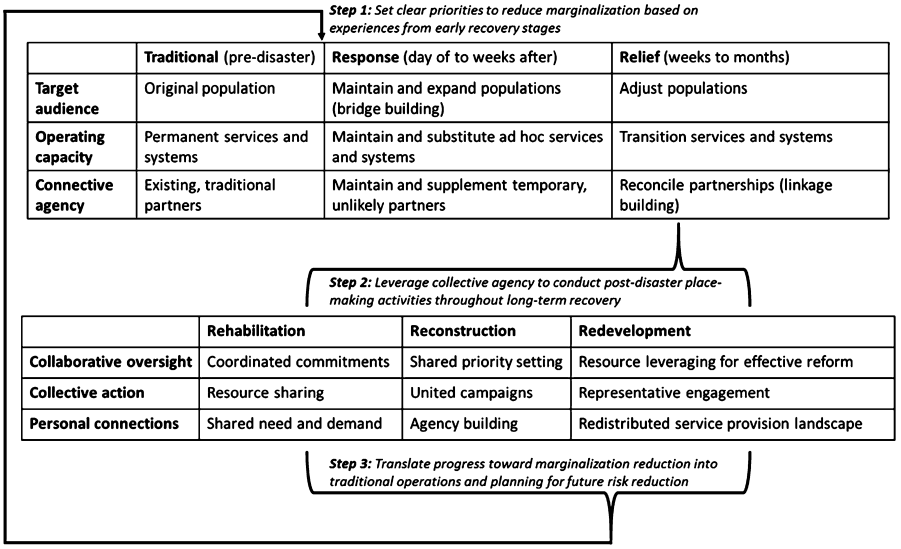
The *Nonprofit Relational Recovery Assessment* (Fig. 10.1) takes marginalization reduction priorities identified by nonprofits collectively and solidifies what agency is needed to fully fund and operationalize them. It could also be used by recovery managers to ensure that the correct stakeholders are participating in decision-making and receiving available financial support to orchestrate a project. This assessment may facilitate effective realignment of partnerships when power becomes more or less centralized, such as a post-disaster setting. Use of the *Nonprofit Relational Recovery Assessment* prior to a change in recovery stage increases the user's capacities to engage with appropriate partners. Utilization at the peak or toward the end of a stage may smooth the transition of recovery management to local stakeholders.

As described in Fig. 10.1, nonprofits traditionally use a combination of internal operating systems and external partnerships to provide services to specific populations prior to a disaster. They reduce marginalization by improving the underlying conditions contributing to political, economic, and social disempowerment (Wisner et al., 2004). These conditions persist after disasters and may be exacerbated by disasters causing nonprofits to expand their services, populations, or partnerships to address emergent need (Hutton et al., 2016; Hutton, 2018). For marginalized populations nonprofits offer an alternative to interactions with, often distrusted, government officials (Patterson et al., 2010). It is imperative for these marginalized groups that nonprofits not only capture the initial energy focused on restoring the sense of place in the disaster area, but translate effective strategies into long-term gains in marginalization reduction (Oliver-Smith, 1999). To ensure that nonprofit engagement is effective over the course of long-term recovery ongoing assessment of interaction with populations and integration with predominant management entities is needed.

The *Nonprofit Relational Recovery Assessment* (Fig. 10.1) includes three steps to facilitate self and collective evaluation:

1. Set clear priorities to reduce marginalization based on experiences from early recovery stages

The conditions of the response stage present physical and structural barriers to traditional nonprofit service provision and restoration of place (Fig. 10.1). Popula-



(Generated by author from 2014 Christchurch Research)

FIGURE 10.1

Nonprofit relational recovery assessment.

tions may have limited access to nonprofits due to road blockages, displacement, and building damage; needs may be prioritized differently, and more residents may require service. In the initial hours, days, and potentially weeks after a disaster, depending on the extent of the damage, the operating environment may be more flexible as more centralized emergency management forms. At this time volunteer and nonprofit action often provide immediate social services alongside government-deployed responders using ad hoc systems to bolster those that they are able to continue from traditional operations (Paton et al., 2015). This timeframe also features more media attention and resident involvement resulting from their shared experience (Oliver-Smith, 1999). Unlikely partnerships may emerge to lend additional support to the nonprofit sector or new volunteer organizations may form to address gaps in provision and eventually become nonprofits (Jang et al., 2016; Simo and Bies, 2007).

Hutton et al. (2016) identifies that leading contributors to nonprofit resilience change as recovery progresses. To be successful during response, organizations benefit from organic operating models that allow them to bridge build (Vallance, 2011) with new populations. During response, the traditional population of the organization is most likely being maintained, but service delivery may be altered as awareness is raised regarding the disaster impacts. Bridges begin to take shape at the end of response as nonprofits are able to identify populations in need. Bridges are solidified during the relief stage and ad hoc services and systems created internally and with

partners to adapt operations to accommodate the expanded target population. The identification of these sometimes unlikely partners occurs toward the end of the relief stage and beginning of rehabilitation as nonprofits are able to regroup (Doerfel et al., 2010).

As response transitions into early recovery, the relief phase begins and nonprofits have the opportunity to integrate more formally with recovery management. Despite the nonprofit sector's capacity to address a variety of continuing and emergent need on its own, governments typically hold funds and decision-making power essential to long-term gains. To integrate, a clear vision of their adjusted population, transitional operating capacity, and a reconciled partnership base is helpful (Fig. 10.1). Step 1 encourages nonprofit organizations to reflect upon changes to their populations, operations, and partnerships that occurred or are occurring and identify which components they believe to be beneficial. The scale and support systems for these effective aspects can then be planned to overcome organizational pressure from neglectful authorities, organizational changes, donor priorities, political instability, and dependent relationships (Davis and Alexander, 2016). It may be difficult to utilize Step 1 during the fast-moving response stage, but as recovery begins and the stages take longer this step can be used multiple times. When the nonprofit detects a misalignment of capacity, partners, and the population's needs, or desires a course shift, this provides a frame with which they can refocus.

As rehabilitation peaks and reconstruction and redevelopment occurs, success is associated with linkage building among collective agency. On the one hand, the existing operating procedures of organizations may limit their capacity to alter their operations. On the other hand, emergent needs related specifically to the disaster may motivate volunteers to form new nonprofits, but these organizations must quickly establish interagency connections to sustain themselves (Hutton et al., 2016). At the peak of rehabilitation, nonprofits are poised to take leadership on needs they prioritized coming out of the relief stage and align their collective agency to support those going into reconstruction and redevelopment through linkage building (Kimberlin et al., 2011). This process identifies advocacy needs for new integration pathways with recovery management that will build capacities, in addition to assessing which parallel partners may compound effectiveness. A range of connections from personal to collaborative will form the most robust support for lasting marginalization reduction (Smith and Wenger, 2007). The reconstruction stage is when nonprofits should be fully engaged in place-making with recovery management decision-makers and be the recipients of appropriate funding mechanisms to ensure that their post-disaster population is most effectively served.

2. Leverage connections to conduct post-disaster place-making activities throughout long-term recovery

Although adjustments, transitions, and reconcilements are not fixed after the relief stage, integration allows nonprofits to be better informed (Johnson and Olshansky, 2017). Since the speed of recovery moves much slower at a governmental level

among households, individuals, and organizations, integrated nonprofits will be better positioned to leverage and message appropriate resources. Information flows both ways and is frequently the impetus for nonprofit engagement with government agencies because they are well connected to the marginalized populations they serve and consequently can contribute the most accurate knowledge regarding their vulnerabilities (Zimmer, 2010).

Integrated recovery management establishes gatekeepers to limit corruption from either the top-down or bottom-up. Otherwise, even some nonprofits direct reconstruction and planning toward self-serving goals that do not align with the larger mosaic of need (Montz et al., 2017). Studies of the 2010 Chile earthquake, which featured similar levels of community and government involvement as did Christchurch, by Davis and Alexander (2016) found that nonprofits that are engaged appropriately with emergency management through knowledge sharing, and joint efforts improve recovery outcomes for the affected area through redundancy and rapid action.

In Christchurch, nonprofits with established partnerships that were working to reduce marginalization prior to the disaster or were traditional partners for disaster response and relief capitalized upon post-disaster attention directed to the area by the media to increase awareness and funding for their populations. Nonprofits established as a result of the disaster, however, had to retroactively establish these partnerships to be engaged with emergency management and leverage funding to support their operations. Regardless of the initial means of integration, media attention waned as the emergency management process progressed into reconstruction, redevelopment, and future planning. Some nonprofits opted-out because their missions were restricted to initial stages. Others lacked in-roads to representation (Hutton et al., 2016). This attrition reduces the number of stakeholders, particularly those representing marginalized populations, from comprehensive involvement in solutions and reinforces systematized injustice (Vallance, 2011). Step 2 (Fig. 10.1) takes self-identified effective aspects of post-disaster operations and explores a robust structure for leveraging the appropriate connections to sustain those into long-term recovery. This continuity assuages resistance to change, which is typical in affected populations (Montz et al., 2017).

The rehabilitation stage is particularly important for turning reactive nonprofit operations into proactive efforts (Doerfel et al., 2010). Without appropriate future planning, populations can become disillusioned with later recovery stages, when humanitarian goals may go by the wayside in the name of progress. At this time, collective action can be used to share resources for common commitments. These layers of connections facilitate broad service provision in a changing environment (Hutton, 2018). Coordination moving into reconstruction solidifies a united voice through priority sharing, united campaigns, and agency building. Nonprofits can, therefore, lobby the management entities with which they are integrated or want to integrate. They can i) collaborate to leverage resources for effective reform, ii) utilize

gains in engagement to promote collective goals that are representative of the diverse interests within the nonprofit sector, and iii) negotiate redistribution of the resulting service-provision landscape with personal connections (Hutton, 2018).

Ultimately, nonprofits should consider equipping themselves and/or their populations to receive federal, as well as other sources of recovery funding and support to ensure that not only access, but outcomes are also equal as their cities and communities are reenvisioned and restored (Johnson and Olshansky, 2017). Hutton (2018) presents a tiered system of agency connections that facilitated nonprofit transition from rehabilitation into later stages of recovery in Christchurch. By framing cross-sector engagement in nonprofit sector terms, recovery managers may be able to assess what connections are desirable to facilitate their work and lead to a transition of management back to the local level as reconstruction peaks and redevelopment begins.

Redevelopment offers an opportunity for nonprofits to achieve effective community reform rather than a return to the normal social, political, and economic systems that precipitated marginalization. The emergency management process is essentially a truncated community development effort. The accelerated timeline puts the interests of those with limited political, social, and economic power at risk of exclusion. The Sendai Framework for Disaster Risk Reduction, an international agreement providing guidance to states regarding emergency management, calls for affected areas to engage stakeholders in an effort to build back better (UNISDR, 2015). National guidance, such as the United States' National Disaster Recovery Framework, also suggests a focus on the whole community. However, without transferable means of evaluation linking priorities to population needs and integration opportunities, service-provider capacities and holistic stakeholder involvement may go unrealized, as was the case with the CERA (Johnson and Olshansky, 2017). Davis and Alexander (2016) indicate that this is a process needed every six months or around agreed benchmarks for recovery. Further, utilizing and adapting as a result of continuous evaluation promotes learning if the results are disseminated appropriately.

The *Nonprofit Relational Recovery Assessment* (Fig. 10.1) recognizes that the contributors to marginalization are unique to each disaster. However, since it can be used by individual or collections of nonprofits or agencies interested in integrating them into projects, it is scalable, and therefore, transferable regardless of the typical or post-disaster distribution of power. The means and amount of engagement at these three levels of connectivity may vary depending on the degree of centralized or decentralized emergency management governance and the extent of damages in an area. The type of nonprofit organization may also alter its capacity to engage on all levels of connectivity, as is the case in initial integration. Extreme variation within various fields of work in the nonprofit sector are not expected though (Hutton, 2018). The user merely identifies what they have to work with, what additional resources are needed, and who they think could facilitate their goals through partnerships.

3. Translate progress toward marginalization reduction into traditional operations and planning for future risk reduction

The final step is to connect progress made toward priorities set to reduce the marginalization during recovery to traditional operations and planning for future risk reduction. This reinforces institutional learning for individual nonprofits in hazardous areas and emergency management alike (Mojtahedi and Lan Oo, 2014). Communities live the experiences from what is and is not prioritized or adjusted. Nonprofits are set to guide community values through implementation.

Without connecting recovery and forward-looking funding mechanisms, the capacity to plan recovery operations is limited. It is important to maintain goals for populations impacted by the disaster and not just the traditional populations to ensure that risks are reduced holistically, and that changes in power structures and living conditions are instilled. If a standard of public safety, livelihood protection, and access to health services is desired, a focus on prevention elevates marginalized populations' capacities. This is imperative, as the cost of damages and number of people affected by disasters rise, which has been a longitudinal trend as urban densities and populations increase (Montz et al., 2017).

10.4 Conclusion and recommendations

The case of Christchurch, New Zealand illustrates the importance of continuous nonprofit advocacy to gain representation with recovery management authorities. Transitions during the recovery process opened additional opportunities for engagement with authorities or bypasses through traditional agency. For example, a resource disconnect was overcome through collective action involving health and migrant services providers under the mantra of 'one health system' until changes were integrated into reconstruction management years later. These nonprofits used their experience-bounded understanding of post-disaster marginalization to renegotiate relational space as recovery progressed. Consequently, appropriate opportunities were leveraged to improve mental health, housing, and urban spaces. Involving residents in the recovery, once materials, services, and social spaces were available empowered them to both respect culturally relevant history and imaging new ways to interact with the city. These efforts restored and revitalized a sense of place in the damaged urban area, including residents in surrounding suburbs and agricultural areas, by framing the need for progress in terms of the shared disaster experience. By maintaining the frame of the earthquake affected area, nonprofits were able to not only address emergent issues through earthquake related funds, but redirect the energies of national and international actors toward recovery for years after the initiating event.

Integration pathways require nonprofit-minded realignment to ensure those with the most understanding of marginalized populations can affect a range of recovery priorities and improve their capacities. I suggest that navigating relational place in a post-disaster setting requires periodic assessment to align agency and advo-

cacy priorities. This practical intervention aims to help practitioners, planners, and policymakers effectively analyze how strategies to reduce marginalization through place-making evolve within the recovery process. The case study intentionally sets the scale to that of the damage to draw insights for an assessment from organizations operating in the recovering area, regardless of size. I reiterate the union between social movements and place-making and emphasize the heuristic approach to examining collective action opportunities for the restoration and revitalization of a damaged place.

This learning could transfer to other recovering urban areas in other countries seeking long-term systemic change. The Rockefeller Foundation's (2015) 100 Resilient Cities initiative capitalized upon collaboration as an effective means for resilient recovery of economically and culturally significant cities. For example, Christchurch, New York, and Houston are on the 100 Resilient Cities list to share financial, strategy, provision, and networking resources. Although recovery from the Christchurch earthquake sequence and Hurricane Sandy are ongoing, and rehabilitation from Hurricane Harvey is underway, the pathways to complete reconstruction and redevelopment have been paved. Although recent international experiences with centralized recovery management suggest similarities, more studies are needed to identify the drivers of such reorganization in urban areas. Additional assessment of compounded and concurrent disaster recovery is also still needed.

Appendix 10.A Photo appendix

FIGURE 10.A.1

Demolition in the Christchurch, Central Business District.

FIGURE 10.A.2

Vacant houses in the Red Zone.

FIGURE 10.A.3

Transitional shared nonprofit office space.

FIGURE 10.A.4

Temporary use of vacant lot for social gathering.

FIGURE 10.A.5

Mental health campaign.

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