

Challenges in Social Workers' Emergency Assessment of "Hidden" Vulnerable Individuals

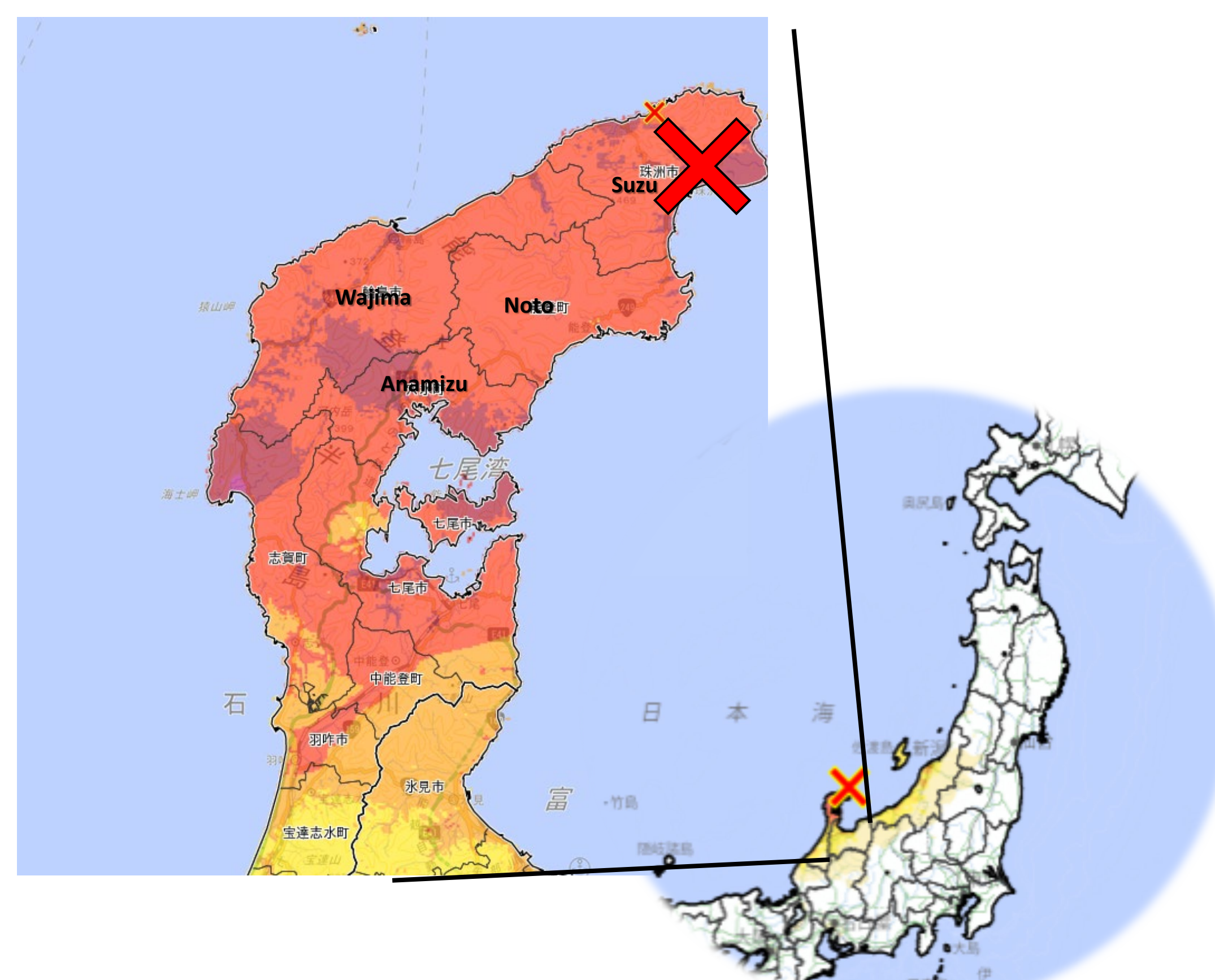
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Introduction

- On January 1, 2024, an earthquake of magnitude 7.6 on the Richter scale struck the Noto Peninsula in Ishikawa Prefecture, Japan.
- Nearly 50% of the affected area comprises an aging population.
- The disaster resulted in the loss of 245 lives and the complete destruction of 8,695 homes.
- The earthquake also led to roads split wide open and public utilities severely impacted, with some areas still experiencing water supply disruptions as of June 2024.
- A project was launched to find the "hidden" vulnerable individuals who were unable to evacuate to shelters and could not call for help from their homes that had been destroyed by the earthquake.
- Social workers and other experts conducted door-to-door visits based on a list of those with special needs, performing urgent assessments of their living conditions.



Area Affected in the 2024 Noto Peninsula Earthquake Disaster
Citation from Japan Meteorological Agency:
https://www.jma.go.jp/bosai/map.html#10/37.164/137.153/&contents=estimated_intensity_map&id=202401011610

Research Question

What are the challenges in performing urgent assessments of people with disabilities living in homes damaged by the earthquake.

Participant observation

Dates: February 27th to March 2nd, 2024

Overview and emergent assessment by social workers

- Social workers for people with disabilities conducted door-to-door visits as part of the project to identify "hidden" vulnerable individuals. Our main task as a supporter was to add the entries of the assessment records completed by social workers into the system regarding the disaster survivors.
- During the day, we mainly performed data entry at the base, and at night, we stayed and dined together at the Anamizu base. During that time, we also conducted informal interviews about the assessment operation.
- The social workers were dispatched from different parts of Japan, belonged to different age groups, and had different levels of experience. Dispatches were typically for one-week periods, starting on a Monday and ending on a Friday or Saturday.
- During the visits, assessments are conducted to determine the need for, and urgency of, revisits based on factors such as the extent of damage, status of applications for public assistance, and whether the affected individuals were connected to welfare services.
- The prefecture and the system developers wanted the assessment information to be input directly into iPads on-site. However, in practice, the assessment results were first recorded on paper and then on the iPads.

個人情報		【訪問時様式】被災者受付カード7b(ver.基本0301)
ID	記入日	2024年 月 日 担当者名
氏名(No.は、[11-2] というよりは、世帯Noと世帯通知をハイフンでつないで入力してください。)	Respondent	<input type="checkbox"/> 本人 <input type="checkbox"/> 本人以外 (ご本人との関係:)
被災地の住所	住所	<input type="checkbox"/> この住所の世帯主 <input type="checkbox"/> 世帯主以外
Name	氏名	生年月日 年 月 日 性別
About medical care <input type="checkbox"/> あり <input type="checkbox"/> 人工呼吸器 <input type="checkbox"/> 在宅酸素 <input type="checkbox"/> 透析 <input type="checkbox"/> インスリン注射 Medical needs <input type="checkbox"/> なし <input type="checkbox"/> 緊急性ある精神疾患 <input type="checkbox"/> 緊急性ある内科疾患 <input type="checkbox"/> 緊急で処置が必要な妊婦 <input type="checkbox"/> 定期的処置が必要 Medication 現状・種類 (現在 <input type="checkbox"/> 中断 <input type="checkbox"/> 継続 / <input type="checkbox"/> 降圧薬 <input type="checkbox"/> 向精神薬 <input type="checkbox"/> その他) 具体的な医薬品名 ()		
primary care doctor	<input type="checkbox"/> 被災前と変わらず利用の見通しが立っている <input type="checkbox"/> 利用の見通しが立たない <input type="checkbox"/> 不明	
About nursing care certification of long-term case <input type="checkbox"/> あり <input type="checkbox"/> 要支援1 <input type="checkbox"/> 要支援2 <input type="checkbox"/> 要介護1 <input type="checkbox"/> 要介護2 <input type="checkbox"/> なし <input type="checkbox"/> 要介護3 <input type="checkbox"/> 要介護4 <input type="checkbox"/> 要介護5 <input type="checkbox"/> 介護区分不明		
Welfare services	<input type="checkbox"/> 被災前と変わらず利用の見通しが立っている <input type="checkbox"/> 利用の見通しが立たない <input type="checkbox"/> 不明	
障害	<input type="checkbox"/> あり <input type="checkbox"/> 身体障害 <input type="checkbox"/> 精神障害 <input type="checkbox"/> 知的障害 (障害) <input type="checkbox"/> なし <input type="checkbox"/> 疑い () () ()	
利用している事業所名:	事業所の状況 <input type="checkbox"/> 被災前と変わらず利用の見通しが立っている <input type="checkbox"/> 利用の見通しが立たない <input type="checkbox"/> 不明	
comments		
災害時の記載内容と異なる避難場所にいる場合、記入ください。	<input type="checkbox"/> 記入あり <input type="checkbox"/> 記入なし	
Current place	理由	

Assessment sheet completed by social workers during visits (part of it).

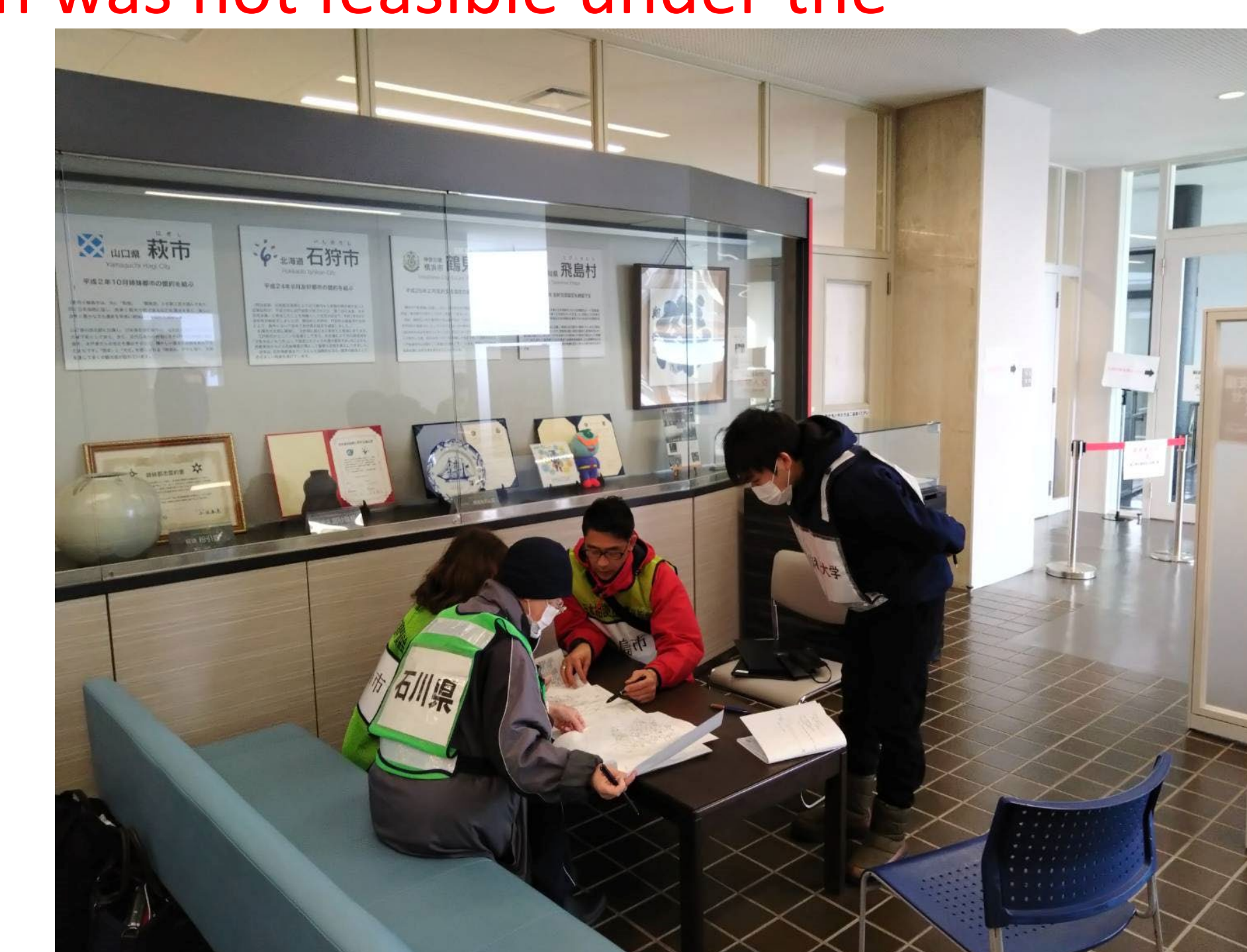
Findings

Paper or iPad?

- Regarding inputting data into the registry system, frontline social workers understood its necessity but prioritized sharing paper-based assessment results with local government welfare officers for immediate responses.
- The primary reason for using paper-based assessments is that interviews during these visits are highly unstructured.
- Some survivors vented their frustrations on social workers about lack of governmental support, while others had a strong aversion to being interviewed. Social workers extracted the necessary information from the survivors' unstructured narratives to conduct their assessments. Entering data directly into an iPad proved challenging in the field because it required inputting items in a predefined order, which was not feasible under the circumstances at that time.

Mapping

- Since the social workers were not local residents, they had to extract addresses from the visitation list and plot them on a map.
- Although the iPads were capable of plotting addresses on the map, using them was challenging as previously mentioned. Therefore, the mapping task took up a considerable amount of the social workers' time.



Mapping visitation households based on the visitation list onto a map.

Sharing the assessment results

- After the daytime visits, social workers returned to the base around 6 p.m. to report on the day's assessment results. Particularly in cases where revisits were deemed necessary and urgent, they held discussions with the team leader to determine whether they needed to make any adjustments to the assessments.
- During these informal discussions after work hours, the leader said that these conferences at the end of the day were not just to share situational awareness. Since conducting assessments of people with disabilities in unfamiliar environments is challenging, social workers may feel burdened to make solo judgments.
- Therefore, it was emphasized that the assessment results should be shared among all the team members, and the leader should confirm or modify evaluations as necessary for individual cases.



Conference to share the assessment results at the end of the day.

Conclusions

- A certain degree of discrepancy was noted in the goal setting between the frontline social workers conducting the assessments and the prefecture that established the registry system.
- A disconnect was also observed between the authorities promoting digitization to reduce the burden on the field and the social workers on the frontline, who recognized the need for analog methods owing to practical constraints. Aligning a common picture can help reduce operational burdens arising from these discrepancies. To achieve this, a framework for cooperation must be created during normal times.
- This study's participant observation is based primarily on the earliest operations of the emergency assessments conducted by social workers. Therefore, future tasks would involve evaluating the overall operation and the long-term adaptation process.